



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

February 22, 2011

ALL COUNTY LETTER NO.11-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH COORDINATORS
ALL QUALITY CONTROL COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: COMPUTATION OF INCOME FOR HOUSEHOLDS WITH AN ELDERLY OR DISABLED MEMBER

REFERENCE: ALL COUNTY LETTER (ACL) 03-18; ACL 06-31; ACL 08-37; ALL COUNTY INFORMATION NOTICE I-55-08

The purpose of this letter is to clarify certain CalFresh policies with regard to households with members who are elderly and/or disabled. Specific clarifications include:

- Treatment of the 130 percent Gross Income Test at Manual of Policies and Procedures (MPP) § 63-503.322 and MPP § 63-503.323.
- Excess Medical Deduction, and the use of the 165 percent Gross Income Limit when an elderly or disabled household member lives with others and, due to a disability, is unable to purchase and prepare meals with other household members.
- Dependent Care Deduction is corrected to allow 100 percent of costs.
- Correct sequence of deductions when computing net income for a CalFresh household.
- The definition of an elderly/disabled household.

The budget worksheets are revised to include clarifications and corrections of the above topics. The following is a more detailed discussion of each topic.

Clarification of MPP § 63-503.322

This MPP section states that households which are subject to Quarterly Reporting (QR) must apply the gross and net monthly income tests to income averaged over the QR Payment Quarter. This section was intended to make clear that the gross income test in QR is to be applied only after income has been averaged over the QR Payment Quarter. However, the section also implies that the gross and net income tests be applied to all QR households even

when there may be instances in which a QR household contains an elderly and/or disabled member. When the elderly and/or disabled member is part of a QR household, the 130 percent Gross Income Test is not computed. Instead, to determine the eligibility, the CWD shall apply the net monthly income standards as specified in MPP section 63-503.322. Written guidelines are also added to budget worksheets to direct County Welfare Departments (CWDs) to skip the Gross Income Test when an elderly and/or disabled individual is a member of the household. Counties must make certain that automated systems reflect this policy and that staff are reminded to exclude households with elderly and or/disabled members from the Gross Income Test.

Example

Scenario: The household consists of a mother, child and an elderly grandmother. The grandmother purchases and prepares meals with her daughter and grandchild. Total combined unearned income is \$2,121.

| | |
|-------------------------|---|
| 130 Percent of FPL | \$ 1,984 (household is excluded from the 130% test) |
| Total Income | 2,121 |
| Less Standard Deduction | <u>- 142</u> |
| Adjusted Net Income | \$1,979 (prior to Shelter Deduction) |

The household's gross income exceeds the 130 percent income limit which would render a household without an elderly member ineligible. In this case, the Gross Income Test is not applied because the household includes an elderly member.

Clarification of MPP § 63-503.323

Counties shall observe the new income eligibility rules for households with an elderly and/or disabled member. Current state regulations at MPP section 63-503.323 incorrectly required all household members to be elderly and/or disabled to be eligible under the net monthly income eligibility standard. Therefore, counties are advised to disregard MPP section 63-503.323 until it is amended to reflect the controlling federal rule at 7 C.F.R. section 273.10(e)(2). Effective immediately, CWDs shall apply the net monthly income eligibility standard to every household with an elderly and/or disabled member. (7 C.F.R. § 273.10(e)(2).)

In changing this policy, elderly and disabled access under CalFresh is now consistent with federal law. (Welfare & Institutions Code § 18901.) Federal law at 7 C.F.R. section 273.10(e)(2) extends the net monthly income eligibility standard to households where any member of the household is elderly and/or disabled and does not require all members to be elderly and/or disabled.

As stated above, the budget worksheets have been amended to reflect that the 130 percent Gross Income Test is not applied when computing income for households with an elderly and/or disabled household member. Counties must make certain that automated systems reflect this policy and that staff are instructed to note the change from "all" to "a" elderly and or/disabled member at MPP § 63-503.323.

Excess Medical Deduction

The Excess Medical Deduction is now included on the QR and Change Reporting budget worksheets and is inserted following the Standard Deduction. Written instruction is included on the worksheets to make clear the excess medical deduction is allowed only for households with an elderly and or/disabled member. Expenses exceeding \$35 incurred by an elderly and or/disabled household member are considered “excess” in accordance with MPP § 63-1101.25.

Example

Scenario: A disabled household member has a medical expense totaling \$225. The household’s unearned income after the Standard Deduction is subtracted from gross income is \$775. The medical deduction is computed as follows:

| | |
|---------------------------|--|
| Adjusted Income | \$ 775 (after the Standard Deduction) |
| Medical Expense | 225 |
| Less \$35 | <u>- 35</u> |
| Allowable Medical Expense | \$ 190 |
| Adjusted Income | \$ 775 |
| Less Allowable Expense | <u>- 190</u> |
| New Adjusted Income | \$ 585 (prior to the Excess Shelter Deduction) |

Excess Shelter Allowance for Households with Elderly/Disabled Members

The QR and Change Reporting worksheets now include the necessary instructions and components for computing the Excess Shelter Deduction for households with an elderly and/or disabled member. Written instruction is provided on the worksheets to allow 50 percent of net income regardless of the maximum shelter allowance (MPP § 63-502.36). The information on the “CalFresh Budget Worksheet – Special Medical/Shelter Deductions” (DFA 285D) has been moved to the QR and Change Reporting worksheets. Counties must make certain that automated systems reflect this policy for excluding households with elderly and or/disabled members from the Maximum Shelter Allowance.

Example

Scenario: The household consists of a mother, child and an elderly grandmother. The grandmother purchases and prepares meals with her daughter and grandchild. Total combined unearned income is \$2,121. The household pays \$1200 for rent and is entitled to a Standard Utility Allowance (SUA = \$320). The medical deduction is \$190 which is the amount in excess of \$35. The computation to determine benefits for the household is as follows:

Gross Income Computation

| | |
|----------------------------------|--|
| Gross Income Test (130%) of FPL) | \$ 0 (The household is exempt due to elderly member) |
| Gross Income | \$ 2121 |
| Less Standard Deduction | - 142 |

| | |
|----------------------------------|----------------|
| Less Allowable Medical Deduction | - 190 |
| Adjusted Net Income | <u>\$ 1789</u> |

Shelter Deduction Computation

| | |
|------------------------------------|--------------|
| Rent | \$ 1200 |
| SUA | <u>320</u> |
| Total Shelter | \$ 1520 |
| Less 50% of Adjusted Net Income | <u>- 895</u> |
| Allowable Shelter Deduction | \$ 625 |

Net Income Computation

| | |
|---|---|
| Adjusted Net Income | \$1,789 |
| Less Shelter Deduction from Adjusted Net Income | <u>- 625</u> (Deduction is not limited to the Maximum Shelter Deduction of \$458) |
| Net Income | \$ 1164 |

Dependent Care Deduction

The Farm Bill of 2008 removed the cap on dependent care deductions. The dependent care deduction sections on the budget worksheets have been revised to allow for 100 percent of dependent care costs. The dependent care entry lines on the budget worksheets now simply read: "Dependent Care Deduction (100% of Costs)". Now all costs for the care of a dependent must be deducted, whether or not that dependent is a member of the food stamp household (ACL 08-37).

Use of the 165 Percent Gross Income Limit

The 165 percent of the Federal Poverty Level (FPL) is only used where the CWD is making a determination if an elderly and/or disabled household member living with others and who is unable to purchase and/or prepare meals separately due to a disability, may nonetheless qualify as a separate household. Counties must make certain that automated systems reflect this policy and that staff are reminded the 165 percent of FPL gross income limit is never used to determine eligibility for households with elderly and or/disabled members. It is only used as a determination factor in assisting the county to make a decision to certify an elderly and or/disabled member (and their spouse) as a separate household.

Examples

Scenario: A household consists of a mother, her two children and their elderly/disabled grandmother who is unable to purchase and prepare meals. Total household income including the grandmother's income is \$3,000. The grandmother's income is \$524. The determination of whether the elderly grandmother can be certified as a separate household is as follows:

| | |
|--|--------------|
| Household's gross income including the grandmother | \$ 3,000 |
| Less the grandmother's gross income | <u>- 524</u> |
| Gross Net Income | \$ 2,476 |

Since the household's income, excluding the elderly/disabled member's income, does not exceed 165% of FPL (\$ 2,518) for 3 persons, the grandmother can be certified as a separate household.

Scenario: Same as above, except the household's income is \$3,000 and the grandmother's income is \$300.

| | |
|--|--------------|
| Household's gross income without the grandmother | \$ 3,000 |
| Less the grandmother's gross income | <u>- 300</u> |
| Gross Net Income | \$ 2,700 |

Since the household's income, excluding the elderly member's income, does exceed 165% of FPL (\$ 2,518) for 3 persons, the grandmother cannot be certified as a separate household.

The 165 percent gross income cap is used **only** to determine if the elderly/disabled household member, who cannot purchase and prepare meals, and who is eating together with the other household members, can be certified as a separate household. If the elderly/disabled member has a spouse, include the spouse's income as a deduction from the income of the other household members.

Sequence of Deductions of the Budget Worksheets

Final rules of the Eligibility and Certification Provisions of the Farm Security and Rural Investment Act of 2002 (7 CFR 273.10(e)(1)) specify the order in which deductions must be subtracted from gross income when calculating net income. The order is as follows: (1) the 20 percent earned income deduction; (2) the standard deduction; (3) the excess medical deduction; (4) dependent care deduction; and (5) the excess shelter deduction or homeless shelter deduction. As a reminder, the excess shelter deduction is not subtracted when a homeless shelter deduction is used as a deduction. The attached budget worksheets reflect this sequence of deductions.

Budget Worksheet Revisions

Budget worksheets for QR, CalFresh Budget Worksheet/Quarterly Reporting Households (QR 285B), and for Change Reporting, Food Stamp Budget Worksheet/Change Reporting Households (DFA 285B) are revised and attached. They now include guides for excluding the 130 percent gross income test and the cap on the excess shelter deduction for households with an elderly and or/disabled member. The budget worksheets also include the excess medical deduction computation for households with an elderly/disabled member, and are revised to allow for 100 percent of dependent care costs.

- CalFresh Budget Worksheet/Quarterly Reporting Households (QR 285B)

This form is intended to be used for all QR households, including for QR households with members who are elderly and/or disabled. The title has changed from "Food Stamp Budget Worksheet" to "CalFresh Budget Worksheet/Quarterly Reporting Households". Any reference to change reporting is removed. For example, the title line for Part 1 was "Income for Change Reporting (CR) and Quarterly Reporting (QR) Households" which is now

changed to “Income for Quarterly Reporting (QR) Households”. In Part 2, the title line is changed from “Gross Income Test for CR and QR Reporting Households” to “Gross Income Test for QR Reporting Households”.

However, since there may be instances in which elderly and/or disabled members are part of a QR household, the title line in Part 2 of the form is changed to add instructions to skip the Gross Income Test because for households with an elderly or disabled member. In Part 3, the deductions for excess medical, dependent care and homeless shelter are listed separately. The sequence of deductions is changed to insert the excess medical deduction following the Standard Deduction.

References to dependent care age and deduction limits are removed from the form as provided in the Farm Bill of 2008. In the line item for “Maximum Allowance for Shelter”, certain instructions are inserted to disregard the Maximum Allowance for Shelter if the household has an elderly or disabled member (MPP § 63-502.36). A note is inserted that the maximum shelter deduction allowance is not applicable when an elderly/disabled individual is a member of the household.

In the County Use section, guidance is inserted for the purpose of determining separate household status for households with a disabled and or/elderly member, who may eat with the households, but may be unable to purchase and prepare meals with them. The reference to “Direct Child Support” paid is removed because it is included in sections A and B of Part I on the form. The “Expenses” line is removed since expenses are part of the main body of the form.

- CalFresh Budget Worksheet/Change Reporting Household (DFA 285B)

The form is used for all Change Reporting households and also when those households contain an elderly and or/disabled member. Part 1 is changed to add instructions to skip the Gross Income Test when households contain an elderly or disabled member (MPP § 63-503.323). The deductions for excess medical, dependent care, homeless shelter are listed separately. The sequence of deductions is changed to insert the excess medical deduction following the Standard Deduction.

References to dependent care age and deduction limits are removed (as provided in the Farm Bill of 2008) from the form. In the line item for “Maximum Allowance for Shelter,” instructions are inserted on the budget worksheet to disregard the Maximum Allowance for Shelter if the household includes an elderly and or/disabled member (MPP section 63-502.36).

In the County Use section, guidance is inserted for the purpose of determining separate household status for households with a disabled elderly member, who may eat with the household but is unable to purchase and prepare meals with them. Otherwise, the insertions in the County Use Section match those on the QR DFA 285.

- CalFresh Budget Worksheet – Special Medical/Shelter Deductions (DFA 285-D)

The information and budget computations for households with an elderly and or/disabled member is moved from the DFA 285D to the QR 285B, and the DFA 285B. The form will remain active until it is determined that it is no longer needed for other purposes, i.e., mid-quarter computations and other unknown purposes; or, if stock-on-hand is not utilized.

Restoration of Lost Benefits

If a CWD can identify or discovers households may have lost benefits based on the information provided in this letter, benefits shall be restored as soon as administratively feasible.

Camera-Ready Copies and Translations

For camera-ready copies of the English language version of the forms, contact the Forms Management Unit at: fmudss@dss.ca.gov. If your office has internet access, you may obtain this form from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

If you have any questions or need further clarification regarding information provided in the letter, please contact Alicia Thomason at (916) 657-2630, or by email at: alicia.thomason@dss.ca.gov.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare-to-Work

Attachments

CALFRESH BUDGET WORKSHEET/QUARTERLY REPORTING HOUSEHOLDS

| | | | |
|---------------------------|--------------------------|--|---|
| CASE NAME | COMPANION CASE REFERENCE | CASE NUMBER | CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS |
| CERTIFICATION PERIOD FROM | THROUGH | BUDGET IS BASED ON: QR 7 <input type="checkbox"/> | MID-QUARTER REPORT <input type="checkbox"/> OTHER <input type="checkbox"/> |

PART 1 - GROSS INCOME

| A. NONEXEMPT GROSS UNEARNED INCOME | SOCIAL SECURITY, UIB, DIB, PENSIONS | CHILD/SPOUSAL SUPPORT | SCHOLARSHIPS, GRANTS, LOANS | OTHER |
|--|-------------------------------------|-----------------------|-----------------------------|----------------------------|
| 1. Month 1/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. Month 2/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. Month 3/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. Unearned Income (A1 + A2 + A3) | | | | Total \$ _____ (A4) |
| 5. QR Averaged Gross Unearned Income (A4 ÷ number of months) | | | | Total \$ _____ (A5) |
| 6. Cash Aid | | | | Total \$ _____ (A6) |
| 7. Less Child Support Paid (enter any remainder in B6) | | | | Total \$ _____ (A7) |
| 8. Total Gross Unearned Income (A5 + A6 - A7) | | | | Total \$ _____ (A8) |

| B. NONEXEMPT GROSS EARNED INCOME | GROSS SALARY/WAGES | SELF EMPLOYMENT | TRAINING ALLOWANCES | |
|--|--------------------|-----------------|---------------------|----------------------------|
| 1. Month 1/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | |
| 2. Month 2/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | |
| 3. Month 3/Year _____/_____/_____ | \$ _____ | \$ _____ | \$ _____ | |
| 4. Total Gross Earned Income (B1 + B2+ B3) | | | | Total \$ _____ (B4) |
| 5. QR Averaged Gross Earned Income(B4 ÷ number of months) | | | | Total \$ _____ (B5) |
| 6. Less Remainder of Child Support Paid (if not fully used in Section A) | | | | Total \$ _____ (B6) |
| 7. Total Gross Earned Income (B5 - B6) | | | | Total \$ _____ (B7) |

PART 2 - GROSS INCOME (DO NOT COMPUTE THE GROSS INCOME TEST FOR HOUSEHOLDS WITH ELDERLY/DISABLED MEMBERS, 63-503.323)

| C. GROSS INCOME TEST | | | |
|--|----------|--|----------------------------|
| 1. Maximum Gross Income allowed for Household Size of _____ (from table) | \$ _____ | | |
| 2. Total Gross Income (A8 + B7) = | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | Total \$ _____ (C3) |
| 3. Gross Income Eligible? (Is C2 less than or equal to C1?) | | | |

PART 3 - NET INCOME

| D. NONEXEMPT GROSS INCOME | DOCUMENTATION | | | | |
|---|---|-------------|-------------|--|--|
| 1. Gross Earned Income (B7) | INCOME: <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____ HOUSEHOLD WITH ELDERLY/DISABLED MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO Is there an elderly member who is disabled and who cannot purchase and prepare meals? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, is the household's income (less the elderly disabled member's and spouse's) less than 165% of FPL? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, certify the elderly and disabled member (and spouse) as a separate household. | | | | |
| 2. Adjusted Gross Earned Income (80% of D1) | | | | | |
| 3. Total Gross Unearned Income (A8) | | | | | |
| 4. Nonexempt Gross Income (D2 + D3) | | | | | |
| E. STANDARD | CHILD SUPPORT (COURT ORDERED) PAID OUT Month 1 \$ _____ Month 2 \$ _____ Month 3 \$ _____ Total \$ _____ Total ÷ by number of months \$ _____ Amount used in A7: \$ _____ Remainder to be used in B6: \$ _____ <input type="checkbox"/> Dependent Care <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>QTR AVG</td><td>MID QTR AVG</td></tr><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> Medical Expense | QTR AVG | MID QTR AVG | | |
| QTR AVG | | MID QTR AVG | | | |
| | | | | | |
| 1. Standard Deduction | | | | | |
| F. EXCESS MEDICAL EXPENSES (Only compute medical expenses for households with elderly/disabled members) | | | | | |
| 1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. | | | | | |
| 2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses. | | | | | |
| 3. Total Allowable Expenses (F1 + E2) | | | | | |
| 4. Less Medical Expense Allowance (\$35) | | | | | |
| 5. Excess Medical Expenses (F3 - F4) | | | | | |
| G. DEPENDENT CARE (100% OF COSTS) | <input type="checkbox"/> Utilities <input type="checkbox"/> SUA <input type="checkbox"/> LUA <input type="checkbox"/> TUA <input type="checkbox"/> Housing <input type="checkbox"/> PRORATED | | | | |
| H. HOMELESS SHELTER DEDUCTION | | | | | |
| I. TOTAL DEDUCTIONS (E + F + G + H) | | | | | |
| J. ADJUSTED NET INCOME | | | | | |
| 1. Nonexempt Gross Income (D4) | | | | | |
| 2. Total Deductions (Line I) | | | | | |
| 3. Adjusted Net Income (J1 - J2) | | | | | |
| K. SHELTER DEDUCTION | | | | | |
| 1. Total Housing Costs | | | | | |
| 2. Total Utility Allowance | | | | | |
| 3. Total Shelter costs | | | | | |
| 4. Allowable Shelter costs (50% of J3) | | | | | |
| 5. Excess Shelter costs (K3 - K4) | | | | | |
| 6. Maximum Allowance For Shelter (Enter amount from Line K5 for households with an elderly/disabled member) | | | | | |
| 7. Allowable Shelter Deduction (Lesser of K5 or K6) (Enter amount from Line K5 for households with an elderly/disabled members) | | | | | |
| L. NET MONTHLY INCOME (J3 - K7) | | | | | |
| M. NET INCOME TEST | | | | | |
| 1. Household Size | | | | | |
| 2. Maximum Net Income Allowable (from table) | | | | | |
| 3. Net Income eligible | | | | | |

| | | | |
|--|-----------|------------|--------------------|
| | ALLOTMENT | SUPPLEMENT | E.W. Initials/Date |
|--|-----------|------------|--------------------|

| PART 4 - BENEFITS | PAYMENT QUARTER | PAYMENT QUARTER | |
|--|--|--|--|
| N. RESOURCE ELIGIBILITY (Nonexempt Resources Only) | | | |
| 1. Quarter/Month's Resources | \$ _____ | \$ _____ | |
| 2. Additional Resources (specify) | _____ | _____ | |
| a. _____ | _____ | _____ | |
| b. _____ | _____ | _____ | |
| c. _____ | _____ | _____ | |
| 3. Subtotal (N1 + N2a + N2b + N2c) | \$ _____ | \$ _____ | |
| 4. Resources Sold, Traded or Given Away (specify) | | | |
| a. _____ | \$ _____ | \$ _____ | |
| b. _____ | _____ | _____ | |
| c. _____ | _____ | _____ | |
| 5. Subtotal (N4a + N4b + N4c) | \$ _____ | \$ _____ | |
| 6. Current Resources (N3 - N5) | \$ _____ | \$ _____ | |
| 7. Resource Eligible? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PART 5—INCOME COMPUTATIONS | PAYMENT QUARTER | PAYMENT QUARTER | |
| O. SELF-EMPLOYMENT (Nonexempt Resources Only) | | | |
| 1. Gross Income from Self-Employment | \$ _____ | \$ _____ | |
| 2. Expenses: <input type="checkbox"/> Standard 40% Deduction | | | |
| <input type="checkbox"/> Actual Expenses (Verification Required) | \$ _____ | \$ _____ | |
| 3. Total Nonexempt Income from Self-Employment | \$ _____ | \$ _____ | |
| If averaging self-employment income go to O7. If adjusting a previous average, continue to O4. | | | |
| 4. Adjustment to Gross Income | \$ _____ | \$ _____ | |
| 5. Adjustment to Expenses | \$ _____ | \$ _____ | |
| 6. Adjusted Self-Employment Income (O3 + O4 + O5) | \$ _____ | \$ _____ | |
| 7. Monthly Self-Employment Income (O3 or O6 ÷ number of months income covers) | \$ _____ | \$ _____ | |
| P. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS | PAYMENT QUARTER | PAYMENT QUARTER | |
| 1. Income from Grants, Scholarships or Loans | \$ _____ | \$ _____ | |
| 2. Tuition and Mandatory Fees | \$ _____ | \$ _____ | |
| 3. Total Nonexempt Educational Income (P1 – P2) | \$ _____ | \$ _____ | |
| 4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers) | \$ _____ | \$ _____ | |
| PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5) | | | |
| Type of Change | | | |
| Date Change Occurred | | | |
| Date Change Reported | | | |
| EW Initials | | | |

CALFRESH BUDGET WORKSHEET/CHANGE REPORTING HOUSEHOLD

Form with sections: PART 1 - GROSS INCOME ELIGIBILITY, PART 2 - NET INCOME ELIGIBILITY, and various income and deduction categories (A through O).

| PART 3 - BENEFITS | ISSUANCE MONTH | ISSUANCE MONTH |
|---|--|--|
| P. RESOURCE ELIGIBILITY (Nonexempt Resources Only) | | |
| 1. Previous Month's Resources | \$ _____ | \$ _____ |
| 2. Additional Resources (specify) | _____ | _____ |
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| 3. Subtotal (P1 + P2a + P2b + P2c) | \$ _____ | \$ _____ |
| 4. Resources Sold, Traded or Given Away (specify) | _____ | _____ |
| a. _____ | \$ _____ | \$ _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| 5. Subtotal (P4a + P4b + P4c) | \$ _____ | \$ _____ |
| 6. Current Resources (P3 - P5) | \$ _____ | \$ _____ |
| 7. Resource Eligible? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| PART 4 - INCOME COMPUTATIONS | ISSUANCE MONTH | ISSUANCE MONTH |
|--|-------------------|-------------------|
| Q. SELF-EMPLOYMENT | | |
| 1. Gross Income from Self-Employment | \$ _____ | \$ _____ |
| 2. Expenses: <input type="checkbox"/> Standard 40% Deduction | _____ | _____ |
| <input type="checkbox"/> Actual Expenses (Verification Required) | _____ | _____ |
| 3. Total Nonexempt Income from Self-Employment | \$ _____ | \$ _____ |
| If averaging self-employment income go to Q7. If adjusting a previous average, continue to Q4. | | |
| 4. Adjustment to Gross Income | \$ _____ | \$ _____ |
| 5. Adjustment to Expenses | _____ | _____ |
| 6. Adjusted Self-Employment Income (Q3 + Q4 + Q5) | \$ _____ | \$ _____ |
| 7. Monthly Self-Employment Income (Q3 or Q6 ÷ number of months income covers) | \$ _____ | \$ _____ |

| R. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS | ISSUANCE MONTH | ISSUANCE MONTH |
|--|-------------------|-------------------|
| 1. Income from Grants, Scholarships or Loans | \$ _____ | \$ _____ |
| 2. Tuition and Mandatory Fees | \$ _____ | \$ _____ |
| 3. Total Nonexempt Educational Income (R1 – R2) | _____ | _____ |
| 4. Monthly Income from Grants, Scholarships or Loans (R3 ÷ number of months income covers) | \$ _____ | \$ _____ |

| PART 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5) | | | | | |
|---|--|--|--|--|--|
| Type of Change | | | | | |
| Date Change Occurred | | | | | |
| Date Change Reported | | | | | |
| EW Initials | | | | | |

FOOD STAMP BUDGET WORKSHEET – Special Medical/Shelter Deductions

| | | | | |
|---|--|--|---|------------|
| CASE NAME | CASE NUMBER | COMPANION CASE REFERENCE | CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS | |
| CERTIFICATION PERIOD FROM THROUGH | <input type="checkbox"/> PROSPECTIVE | <input type="checkbox"/> PROSPECTIVE | DOCUMENTATION | |
| PART 1 – NET MONTHLY INCOME | ISSUANCE MONTH | ISSUANCE MONTH | | |
| A. NONEXEMPT GROSS UNEARNED INCOME | | | Child/Spousal Support Received \$ _____ | |
| 1. Cash Aid | \$ _____ | \$ _____ | | |
| 2. Social Security, UIB, DIB, Pensions | \$ _____ | \$ _____ | | |
| 3. Child/Spousal Support | \$ _____ | \$ _____ | | |
| 4. Scholarships, Grants, Loans | \$ _____ | \$ _____ | | |
| 5. Other | \$ _____ | \$ _____ | | |
| 6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5) | \$ _____ | \$ _____ | | |
| 7. Less Child Support Paid (enter remainder in B5) | \$ _____ | \$ _____ | | |
| 8. Total Gross Unearned Income (A6 - A7) | \$ _____ | \$ _____ | | |
| B. NONEXEMPT GROSS EARNED INCOME | | | | |
| 1. Gross Salary, Wages | \$ _____ | \$ _____ | | |
| 2. Self-Employment | \$ _____ | \$ _____ | | |
| 3. Training Allowance | \$ _____ | \$ _____ | | |
| 4. Gross Earned Income (B1 + B2 + B3) | \$ _____ | \$ _____ | | |
| 5. Less Remainder of Child Support Paid (if not fully used in Section A) | \$ _____ | \$ _____ | | |
| 6. Total Gross Earned Income (B4 - B5) | \$ _____ | \$ _____ | | |
| 7. Adjusted Gross Earned Income (80% of B6) | \$ _____ | \$ _____ | | |
| C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7) | \$ _____ | \$ _____ | | |
| D. EXCESS MEDICAL EXPENSES | | | | |
| 1. Expected Recurring Expenses (occurring during the entire certification period). Include recurring averaged expenses. | \$ _____ | \$ _____ | | |
| 2. Limited Period Expenses (occurring during only a portion of the certification period). Include limited averaged expenses | \$ _____ | \$ _____ | | |
| 3. Total Allowable Expenses (D1 + D2) | \$ _____ | \$ _____ | | |
| 4. Less Medical Expense Allowance (\$35) | \$ _____ | \$ _____ | | |
| 5. Excess Medical Expenses (D3 - D4) | \$ _____ | \$ _____ | | |
| E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS | | | | |
| 1. Standard Deduction: | \$ _____ | \$ _____ | | |
| 2. Dependent Care (Lesser of Actual or Maximum) | | | | |
| Child(ren) under two | \$ _____ | \$ _____ | | |
| Child(ren) two and over/all other dependents | \$ _____ | \$ _____ | | |
| Total Dependent Deductions | \$ _____ | \$ _____ | | |
| 3. Excess Medical Expenses (From D5) | \$ _____ | \$ _____ | | |
| 4. Homeless Shelter Deduction | \$ _____ | \$ _____ | | |
| 5. Total Deductions (E1 + E2 + E3 + E4) | \$ _____ | \$ _____ | | |
| 6. Total Adjusted Income (C - E5) | \$ _____ | \$ _____ | | |
| F. SHELTER DEDUCTION | | | | |
| 1. Total Housing Costs | \$ _____ | \$ _____ | | |
| 2. Total Utility Allowance | \$ _____ | \$ _____ | | |
| 3. Total Shelter costs | \$ _____ | \$ _____ | | |
| 4. Allowable Shelter Costs (50% of E6) | \$ _____ | \$ _____ | | |
| 5. Excess Shelter Costs F3-F4 | \$ _____ | \$ _____ | | |
| G. NET MONTHLY INCOME (E6-F5) | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | | |
| PART 2 – NET INCOME ELIGIBILITY | | | First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| H. NET INCOME TEST | | | | |
| 1. Household Size _____ | | | | |
| 2. Maximum Net Income Allowed (From Table) \$ _____ | | | | |
| 3. Net Income Eligible? (Is G less than or equal to H2?) | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PART 3 – BENEFITS | ALLOTMENT | SUPPLEMENT | ALLOTMENT | SUPPLEMENT |
| E.W. Initials/Date | | | | |

| | | |
|---|---|--|
| I. RESOURCE ELIGIBILITY (Nonexempt Resources Only) | ISSUANCE MONTH | ISSUANCE MONTH |
| | 1. Previous Month's Resources 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (I1 + I2a + I2b + I2c) 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (I4a + I4b + I4c) 6. Current Resources (I3 - I5) 7. Resource Eligible? | \$ _____ _____ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART 4—INCOME COMPUTATIONS

| | | |
|--|--|---|
| J. SELF-EMPLOYMENT (Nonexempt Resources Only) | ISSUANCE MONTH | ISSUANCE MONTH |
| | 1. Gross Income from Self-Employment 2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required) 3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to J7. If adjusting a previous average, continue to J4. 4. Adjustment to Gross Income 5. Adjustment to Expenses 6. Adjusted Self-Employment Income (J3 + J4 + J5) 7. Monthly Self-Employment Income (J3 or J6 ÷ number of months income covers) | \$ _____ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |

| | | |
|--|--|---|
| K. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS | ISSUANCE MONTH | ISSUANCE MONTH |
| | 1. Income from Grants, Scholarships or Loans 2. Tuition and Mandatory Fees 3. Total Nonexempt Educational Income (K1 - K2) 4. Monthly Income from Grants, Scholarships or Loans (K3 ÷ number of months income covers) | \$ _____ _____ \$ _____ \$ _____ |

PART 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

| | | | | | |
|----------------------|--|--|--|--|--|
| Type of Change | | | | | |
| Date Change Occurred | | | | | |
| Date Change Reported | | | | | |
| EW Initials | | | | | |