



CDSS

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

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EDMUND G. BROWN JR.  
GOVERNOR

August 12, 2011

ERRATA

ALL COUNTY LETTER NO.11-05E

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

SUBJECT: CORRECTION TO COMPUTATION OF INCOME FOR HOUSEHOLDS  
WITH AN ELDERLY OR DISABLED MEMBER, AND TREATMENT OF  
CHILD SUPPORT EXCLUSION

REFERENCE: ALL COUNTY LETTER NO. 06-31

The purpose of this erratum is to transmit corrections to All County Letter (ACL) 11-05, regarding the CalFresh Budget Worksheets attached to this ACL. In addition to correcting various typographical errors, the following corrections were made to the QR 285B, DFA 285B, and DFA 285D forms:

- ✓ QR 285B - removed references to elderly and disabled households (except documentation for separate household status).
- ✓ DFA 285B - removed references to quarterly reporting and elderly and disabled households (except documentation for separate household status).
- ✓ DFA 285D - removed references to quarterly reporting.

As a reminder the DFA 285D should be used with all elderly and disabled households.

In addition, in conjunction with the changes mentioned above, the worksheets were revised to reflect the correct treatment of court ordered child support payments as an income exclusion with the 20 percent earned income deduction taken prior to the child support exclusion. The child support income exclusion option was implemented effective October 1, 2006 (ACL 06-31). Final federal rules were issued January 29, 2010, and became effective August 1, 2010. As impacted cases are discovered, counties shall conduct a review of those cases and restore benefits as appropriate.

REASON FOR THIS TRANSMITTAL

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

Please replace the previously issued budget worksheets with the revised worksheets included in this transmittal, ACL 11-05E.

Should you have any questions regarding this ACL, please contact Shawn Mainville of the CalFresh Policy Bureau via email at [shawn.mainville@dss.ca.gov](mailto:shawn.mainville@dss.ca.gov) or at (916) 657-3418.

Sincerely,

***Original Document Signed By:***

CHARR LEE METSKER  
Deputy Director  
Welfare to Work

# 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"/> TC
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)				<b>Total \$ _____ (A4)</b>
5. QR Averaged Gross Unearned Income (A4 ÷ number of months)				<b>Total \$ _____ (A5)</b>
6. Cash Aid				<b>Total \$ _____ (A6)</b>
7. Less Child Support Paid (enter any remainder in B6)				<b>Total \$ _____ (A7)</b>
8. Total Gross Unearned Income (A5 + A6 - A7)				<b>Total \$ _____ (A8)</b>

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)				<b>Total \$ _____ (B4)</b>
5. QR Averaged Gross Earned Income(B4 ÷ number of months)				<b>Total \$ _____ (B5)</b>
6. Less Remainder of Child Support Paid (if not fully used in Section A)				<b>Total \$ _____ (B6)</b>
7. Total Gross Earned Income (B5 - B6)				<b>Total \$ _____ (B7)</b>

## PART 2 - GROSS INCOME

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	<b>Total \$ _____ (C3)</b>
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 (B5)	<b>INCOME:</b> <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____  <b>HOUSEHOLD WITH ELDERLY/DISABLED MEMBER:</b> 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 income) less than 165% of FPL? <input type="checkbox"/> YES <input type="checkbox"/> NO  If Yes, certify the elderly and disabled member (and spouse) as a separate household.  <b>CHILD SUPPORT (COURT ORDERED) PAID OUT</b> Total \$ _____ Total ÷ by number of months \$ _____ Amount used in A7: \$ _____ Remainder to be used in B6: \$ _____  <table border="1" style="float: right; margin-left: auto;"> <tr> <th>QTR AVG</th> <th>MID QTR AVG</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Dependent Care  <input type="checkbox"/> Utilities <input type="checkbox"/> SUA <input type="checkbox"/> LUA <input type="checkbox"/> TUA <input type="checkbox"/> Housing <input type="checkbox"/> PRORATED	QTR AVG	MID QTR AVG				
QTR AVG		MID QTR AVG					
2. Adjusted Gross Earned Income (80% of D1)							
3. Less Remainder of Child Support Paid (B6) (if not fully used in Section A)							
4. Total Gross Earned Income (D2 - D3) (If negative amount, enter zero)							
5. Total Gross Unearned Income (A8)							
6. Nonexempt Gross Income (D4 + D5)							
<b>E. STANDARD</b> Standard Deduction							
<b>F. DEPENDENT CARE (100% OF COSTS)</b>							
<b>G. HOMELESS SHELTER DEDUCTION</b>							
<b>H. TOTAL DEDUCTIONS (E + F + G)</b>							
<b>I. ADJUSTED NET INCOME</b>							
1. Nonexempt Gross Income (D6)							
2. Total Deductions (Line H)							
3. Adjusted Net Income (I1 - I2)							
<b>J. SHELTER DEDUCTION</b>							
1. Total Housing Costs							
2. Total Utility Allowance							
3. Total Shelter costs							
4. Allowable Shelter costs (50% of I3)							
5. Excess Shelter costs (J3 - J4)							
6. Maximum Allowance For Shelter							
7. Allowable Shelter Deduction (Lesser of J5 or J6)							
<b>K NET MONTHLY INCOME (I3 - J7)</b>							
<b>L. NET INCOME TEST</b>							
1. Household Size							
2. Maximum Net Income Allowable (from table)							
3. Net Income eligible							

	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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<b>PART 4—INCOME COMPUTATIONS</b>		<b>PAYMENT QUARTER</b>	<b>PAYMENT QUARTER</b>
<b>M. SELF-EMPLOYMENT</b> (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 (M1 - M2) If averaging self-employment income go to M7. If adjusting a previous average, continue to M4.	\$ _____	\$ _____	
4. Adjustment to Gross Income	\$ _____	\$ _____	
5. Adjustment to Expenses	\$ _____	\$ _____	
6. Adjusted Self-Employment Income (M3 + M4 + M5)	\$ _____	\$ _____	
7. Monthly Self-Employment Income (M3 or M6 ÷ number of months income covers)	\$ _____	\$ _____	
<b>N. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS</b>			
		<b>PAYMENT QUARTER</b>	<b>PAYMENT QUARTER</b>
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____	
2. Tuition and Mandatory Fees	\$ _____	\$ _____	
3. Total Nonexempt Educational Income (N1 – N2)	\$ _____	\$ _____	
4. Monthly Income from Grants, Scholarships or Loans (N3 ÷ number of months income covers)	\$ _____	\$ _____	
<b>PART 5—REPORTED CHANGES</b> (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.

<b>PART 3 - INCOME COMPUTATIONS</b>		ISSUANCE MONTH	ISSUANCE MONTH		
<b>O. SELF-EMPLOYMENT</b>					
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 (O1 - O2) 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)	\$ _____		\$ _____		
<b>P. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS</b>					
	ISSUANCE MONTH		ISSUANCE MONTH		
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 (P3 ÷ number of months income covers)	\$ _____		\$ _____		
<b>PART 4 - REPORTED CHANGES</b> (Other than the QR 7 or DFA 377.5)					
Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					

### CALFRESH 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"/> TC		
CERTIFICATION PERIOD FROM THROUGH	<input type="checkbox"/> PROSPECTIVE	<input type="checkbox"/> PROSPECTIVE	<b>DOCUMENTATION</b>		
<b>PART 1 – NET MONTHLY INCOME</b> <b>(Gross income test is not applicable to households with elderly/disabled members)</b>	ISSUANCE MONTH	ISSUANCE MONTH			
<b>A. NONEXEMPT GROSS UNEARNED INCOME</b>			<p><b>Child/Spousal Support</b></p> <p>Received \$ _____</p> <p>Child Support (Court Ordered) Paid out total \$ _____</p> <p>Total / by number of months _____</p> <p>Amount used in A7 \$ _____</p> <p>Remainder to be used in B6 \$ _____</p> <p>Households with an Elderly/Disabled Member:</p> <p>Is the elderly/disabled member unable to purchase and prepare meals separately from others in the home due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is the household's income (less the elderly and disabled member and spouse income) less than 165% of FPL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, certify the elderly and disabled member (and spouse) as a separate household.</p>		
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 B6)	\$ _____	\$ _____			
8. Total Gross Unearned Income (A6 - A7)	\$ _____	\$ _____			
<b>B. NONEXEMPT GROSS EARNED INCOME</b>					
1. Gross Salary, Wages	\$ _____	\$ _____			
2. Self-Employment	\$ _____	\$ _____			
3. Training Allowance	\$ _____	\$ _____			
4. Gross Earned Income (B1 + B2 + B3)	\$ _____	\$ _____			
5. Adjusted Gross Earned Income (80% of B4)	\$ _____	\$ _____			
6. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____			
7. Total Gross Earned Income (B5 - B6) (If negative amount, enter zero)	\$ _____	\$ _____			
<b>C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7)</b>	\$ _____	\$ _____			
<b>D. EXCESS MEDICAL EXPENSES</b>					
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)	\$ _____	\$ _____			
<b>E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS</b>					
1. Standard Deduction:	\$ _____	\$ _____			
2. Dependent Care (100% of costs)	\$ _____	\$ _____			
3. Excess Medical Expenses (From D5)	\$ _____	\$ _____			
4. Homeless Shelter Deduction	\$ _____	\$ _____			
5. Total Deductions (E1 + E2 + E3 + E4)	\$ _____	\$ _____			
6. Total Adjusted Income (C - E5)	\$ _____	\$ _____			
<b>F. SHELTER DEDUCTION</b>					
1. Total Housing Costs	\$ _____	\$ _____			
2. Total Utility Allowance	\$ _____	\$ _____			
3. Total Shelter costs (F1 + F2)	\$ _____	\$ _____			
4. Allowable Shelter Costs (50% of E6)	\$ _____	\$ _____			
5. Excess Shelter Costs F3-F4	\$ _____	\$ _____			
<b>G. NET MONTHLY INCOME (E6-F5)</b>	\$ _____	\$ _____			
<b>PART 2 – NET INCOME ELIGIBILITY</b>					
<b>H. NET INCOME TEST</b>			First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Household Size	_____	_____			
2. Maximum Net Income Allowable (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			
<b>PART 3 – BENEFITS</b>	ALLOTMENT	SUPPLEMENT	ALLOTMENT	SUPPLEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.W. Initials/Date					

**PART 4 – INCOME COMPUTATIONS****I. SELF-EMPLOYMENT** (Nonexempt Resources Only)

1. Gross Income from Self-Employment
2. Expenses:  Standard 40% Deduction  
 Actual Expenses (Verification Required)
3. Total Nonexempt Income from Self-Employment (I1 - I2)  
If averaging self-employment income go to I7. If adjusting a previous average, continue to I4.
4. Adjustment to Gross Income
5. Adjustment to Expenses
6. Adjusted Self-Employment Income (I3 + I4 + I5)
7. Monthly Self-Employment Income (I3 or I6 ÷ number of months income covers)

	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 (I1 - I2) If averaging self-employment income go to I7. If adjusting a previous average, continue to I4.	\$ _____	\$ _____
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (I3 + I4 + I5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (I3 or I6 ÷ number of months income covers)	\$ _____	\$ _____

**J. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS**

1. Income from Grants, Scholarships or Loans
2. Tuition and Mandatory Fees
3. Total Nonexempt Educational Income (J1 - J2)
4. Monthly Income from Grants, Scholarships or Loans  
(J3 ÷ number of months income covers)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (J1 - J2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (J3 ÷ number of months income covers)	\$ _____	\$ _____

**PART 5 – REPORTED CHANGES** (Other than the QR 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					