

NOTICE OF FORM CHANGE NO. 03-160DATE
10/15/2003**TO:**
County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**
Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices
 Private and Public Adoption Agencies District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE QR 285B (7/03) Food Stamp Worksheet

ORDER UNIT PAD	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE \$2.90	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/03	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>July 2003</u>
USE FORM IN ACCORDANCE WITH <input checked="" type="checkbox"/> All County Letter No. 03-18	<input type="checkbox"/> Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form printed: 8 1/2 x 11, 2 sided, pad in 100.

Form is English only.

Check on the internet to see if forms are available at www.dss.cahwnet.govFor camera-ready copy of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FOOD STAMP BUDGET WORKSHEET

CASE NAME	COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED
CERTIFICATION PERIOD FROM _____ THROUGH _____	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>	MID-QUARTER REPORT <input type="checkbox"/>

PART 1 - AVERAGED INCOME FOR QR HOUSEHOLDS ONLY

A. NONEXEMPT GROSS EARNED INCOME

	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCE	
1. Month 1/Year _____ / _____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____ / _____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____ / _____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2+ A3)				Total \$ _____ (A4)
5. Averaged/Monthly Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

B. NONEXEMPT GROSS UNEARNED INCOME

	CASH AID	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. Total Gross Unearned Income (B1 + B2 + B3)						Total \$ _____ (B4)
5. Averaged Gross Unearned Income (B4 ÷ number of months)						Total \$ _____ (B5)

PART 2 - GROSS INCOME TEST FOR QR AND CHANGE REPORTING HOUSEHOLDS

C. GROSS INCOME TEST

1. Household Size _____

2. Maximum Gross Income Allowed (from Table) \$ _____

3. Total Averaged Gross Monthly Income (A5 + B5) = \$ _____ **Total \$ _____ (C3)**

4. Gross Income Eligible? (Is C3 less than or equal to C2?) YES NO

PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME

1. Gross Earned Income \$ _____

2. Adjusted Gross Earned Income (80% of A5 or D1) \$ _____

3. Total Gross Unearned Income (B5) \$ _____

4. Nonexempt Gross Income (D2 + D3) \$ _____

E. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS

1. Standard Deduction \$ _____

2. Dependent Care \$ _____

Child(ren) Under Two \$ _____

Other Dependents & Child(ren) 2 and Over \$ _____

Total Dependent Care Deductions \$ _____

3. Homeless Shelter Deduction \$ _____

4. Child Support Deduction \$ _____

Total Legally Obligated Child Support Paid Out by Household \$ _____

5. Averaged Excess Medical Expenses (if applicable) \$ _____

6. Total Deductions \$ _____

F. ADJUSTED NET INCOME

1. Nonexempt Gross Income (D4) \$ _____

2. Total Deductions (E6) \$ _____

3. Adjusted Net Income (D4 - E6) or (F1 - F2) \$ _____

G. SHELTER DEDUCTION

1. Total Housing Costs \$ _____

2. Total Utility costs (Actual or SUA) \$ _____

3. Total Shelter costs \$ _____

4. Allowable Shelter costs (50% of F3) \$ _____

5. Excess Shelter costs (G3 - G4) \$ _____

6. Maximum Allowance For Shelter \$ _____

7. Allowable Shelter Deduction (Lesser of G5 or G6) \$ _____

H. NET MONTHLY INCOME (F3 - G7) \$ _____

I. NET INCOME TEST

1. Household Size _____

2. Maximum Net Income Allowable \$ _____

3. Net Income eligible? YES NO

DOCUMENTATION

Weekly \$ _____ x 4.33 = \$ _____
(Stable income)

Biweekly \$ _____ x 2.167 = \$ _____
(Stable income)

	QTR AVG	MID QTR AVG
<input type="checkbox"/> Dependent Care		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Medical Expense		

Utilities

Actual (Averaged over cert. period) \$ _____

SUA \$ _____

Housing \$ _____

PART 4 - BENEFITS

ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION

PART 5-RESOURCES

J. MOTOR VEHICLES		Vehicle 1	Vehicle 2	DOCUMENTATION	
1. Vehicle Owner				For one licensed vehicle per household, determine the equity value; subtract exclusion limit & apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.	
Year/Class					
Make and Model					
Estimated Value					
Amount Owed					
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value					
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Encumbrance	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
If exempt and under exclusion limit, STOP here				Minus Exclusion Limit	
				Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below, the alternate method used to determine value.

K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)

	PAYMENT QUARTER	PAYMENT QUARTER
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (K1 + K2a + K2b + K2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)	\$ _____	\$ _____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (K4a + K4b + K4c)	\$ _____	\$ _____
6. Current Resources (K3 - K5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 6-INCOME COMPUTATIONS

L. SELF-EMPLOYMENT (Nonexempt Resources Only)

	PAYMENT QUARTER	PAYMENT QUARTER
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 L7. If adjusting a previous average, continue to L4.	\$ _____	\$ _____
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (L3 + L4 ± L5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____	\$ _____

M. 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 (M1 - M2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)	\$ _____	\$ _____

PART 7-REPORTED CHANGES (Other than the QR 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					