

NOTICE OF FORM CHANGE NO. 06-124

DATE

08/28/2006

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 (8/06) Food Stamp Budget Worksheet

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 8/06	REPLACES 7/06	<input checked="" 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

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

All County Letter No. 06-31
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form 8 1.2 x 11, two sided

A change was made in the Documentation Section

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English forms, 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 <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM _____ THROUGH _____	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>	MID-QUARTER REPORT <input type="checkbox"/>

PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

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. QR Averaged Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

B. 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 (B1 + B2 + B3)				Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)				Total \$ _____ (B5)
6. Cash Aid				Total \$ _____ (B6)
7. Total Gross Unearned Income				Total \$ _____ (B5 + B6)

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

C. GROSS INCOME TEST

1. Maximum Gross Income allowed for Household Size of _____ (from table) \$ _____

2. Total Gross Income (A5 + B7) = \$ _____ YES NO

3. Gross Income Eligible? (Is C2 less than or equal to C1?) Total \$ _____ (C3)

PART 3 - NET INCOME

<p>D. NONEXEMPT GROSS INCOME</p> <p>1. Gross Earned Income (A5) \$ _____</p> <p>2. Adjusted Gross Earned Income (80% of D1) \$ _____</p> <p>3. Total Gross Unearned Income (B7) \$ _____</p> <p>4. Nonexempt Gross Income (D2 + D3) \$ _____</p> <p>E. EXCESS MEDICAL EXPENSES (Special Medical)</p> <p>1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. \$ _____</p> <p>2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses. \$ _____</p> <p>3. Total Allowable Expenses (E1 + E2) \$ _____</p> <p>4. Less Medical Expense Allowance (\$35) \$ _____</p> <p>5. Excess Medical Expenses (E3 - E4) \$ _____</p> <p>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS</p> <p>1. Standard Deduction \$ _____</p> <p>2. Dependent Care Child(ren) Under Two \$ _____ Other Dependents & Child(ren) 2 and Over \$ _____ Total Dependent Care Deductions \$ _____</p> <p>3. Homeless Shelter Deduction \$ _____</p> <p>4. Excess Medical Expenses (E5) \$ _____</p> <p>5. Total Deductions (F1 + F2 + F3 + F4) \$ _____</p> <p>G. ADJUSTED NET INCOME</p> <p>1. Nonexempt Gross Income (D4) \$ _____</p> <p>2. Total Deductions (F5) \$ _____</p> <p>3. Adjusted Net Income (D4 - F5) or (G1 - G2) \$ _____</p> <p>H. SHELTER DEDUCTION</p> <p>1. Total Housing Costs \$ _____</p> <p>2. Total Utility Allowance \$ _____</p> <p>3. Total Shelter costs \$ _____</p> <p>4. Allowable Shelter costs (50% of G3) \$ _____</p> <p>5. Excess Shelter costs (H3 - H4) \$ _____</p> <p>6. Maximum Allowance For Shelter \$ _____</p> <p>7. Allowable Shelter Deduction (Lesser of H5 or H6) \$ _____</p> <p>I. NET MONTHLY INCOME (G3 - H7) \$ _____</p> <p>J. NET INCOME TEST</p> <p>1. Household Size _____</p> <p>2. Maximum Net Income Allowable (from table) \$ _____</p> <p>3. Net Income eligible</p>	<p style="text-align:center;">DOCUMENTATION</p> <p>INCOME:</p> <p><input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____</p> <p><input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____</p> <p>EXPENSES:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">QTR AVG</th> <th style="width:25%;">MID QTR AVG</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Utilities</p> <p style="margin-left: 20px;"><input type="checkbox"/> SUA</p> <p style="margin-left: 20px;"><input type="checkbox"/> LUA</p> <p style="margin-left: 20px;"><input type="checkbox"/> TUA</p> <p><input type="checkbox"/> Housing <input type="checkbox"/> PRORATED</p>		QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care			<input type="checkbox"/> Child Support			<input type="checkbox"/> Medical Expense		
	QTR AVG	MID QTR AVG											
<input type="checkbox"/> Dependent Care													
<input type="checkbox"/> Child Support													
<input type="checkbox"/> Medical Expense													

PART 4 - BENEFITS

YES NO

ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	PAYMENT QUARTER	PAYMENT QUARTER
	1. Quarter/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

PART 5—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 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)					
Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					