

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



September 7, 2007

ALL COUNTY LETTER NO.: 07-31

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL FOOD STAMP COORDINATORS  
 ALL CalWORKs PROGRAM SPECIALISTS  
 ALL CONSORTIUM PROJECT MANAGERS

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: FOOD STAMP SIMPLIFICATION OPTIONS EFFECTIVE  
 NOVEMBER 1, 2006 – CLARIFICATION OF THE \$50 CHILD SUPPORT  
 DISREGARD AND 19 YEAR OLD STUDENT EARNINGS EXCLUSION

REFERENCE: FOOD STAMP REAUTHORIZATION ACT OF 2002,  
 (PUBLIC LAW 107-171 OF MAY 13, 2002),  
 ALL COUNTY LETTER 06-31;  
 ALL COUNTY INFORMATION NOTICE I-40-06;  
 ALL COUNTY INFORMATION NOTICE I-69-06

The purpose of this letter is to provide new instructions on how to budget the \$50 child/spousal support disregard received by a food stamp household. It also clarifies a change in the treatment of income earned by a child under 19 years old who is an elementary or secondary school student at least half time. As provided in the Simplification Options All County Letter (ACL) 06-31, dated August 16, 2006, the above mentioned forms of income were meant to align with rules under the California Work Opportunity and Responsibility to Kids (CalWORKs) program as part of simplification options allowed in the 2002 Farm Bill (Public Law 107-171, Section 4102). However, the California Department of Social Services (CDSS) was recently notified by the Food and Nutrition Service (FNS) that the State misinterpreted the meaning of federal law in regard to the treatment of the child support disregard and student earnings. CDSS has been directed by FNS to correct the policy released in ACL 06-31.

The changes discussed below are effective immediately and must be implemented no later than November 1, 2007. Implementation before November 1, 2007, is encouraged as it is in the best interest of County Welfare Departments (CWDs) to implement as soon as administratively possible to reduce the potential for quality control errors and overissuance of benefits to households. Corrections will also need to be made to automated systems as soon as administratively feasible. A retroactive case review is not

required and no over-issuance claim is to be made based on policy in effect prior to countywide implementation of the provisions stated in this letter.

### **CHILD/SPOUSAL SUPPORT DISREGARD**

The child/spousal support disregard as listed under Manual of Policies and Procedures (MPP) section 63-502.2 (q) (1)(B) is not an allowable exclusion under the "simplified definition of income" option contained in the Farm Bill of 2002 (Public Law 107-171, Section 4102). The option allowed states to align certain types of income exclusions with their Temporary Assistance for Needy Families (TANF) programs. However, a child/spousal support payment made to a household member by an individual who is legally obligated to make the child support payment, must be counted in its entirety, which includes the \$50 child/spousal support disregard received by a CalWORKs Assistance Unit. Therefore, MPP section 63-502.2 (q)(1)(B) will be deleted from State regulations and the \$50 child/spousal support disregard will no longer be considered an exclusion from income, but is considered income to the household. Draft emergency regulations are attached (Attachment A).

### **EARNED INCOME OF A CHILD**

The income of a child under 19 years of age, who is an elementary or secondary school student at least half-time is not an allowable exclusion. Regulations will be changed to delete all references to the income exclusion of a child under 19 years of age. Regulations are corrected to read that the income exclusion applies to a child under 18 years. The application of the exclusion of student earnings remains unchanged. It is only the age of the child which has changed. Draft emergency regulations are attached (Attachment A).

### **IMPLEMENTATION SCHEDULE**

For new applications: The above changes are effective immediately upon receipt of this letter.

For Change Reporting Households: All changes are effective as soon as administratively feasible but must be done no later than November 1, 2007.

For Quarterly Reporting Households: Changes are treated as county-initiated mid-quarter actions per MPP section 63-509(h) and are effective as soon as administratively feasible, but not later than November 1, 2007.

### **QUALITY CONTROL**

The Hold Harmless period for Simplification Options expired on March 1, 2007 and will not be extended. Quality Control has been informed to immediately review food stamp cases based on correct federal law pending corrections to State regulations.

### **MASS CHANGE NOTICING**

A draft copy of the Mass Change Notice, Notice to all Food Stamp Recipients, is attached (Attachment B). The final version, which will include both the English and Spanish language translations, should be transmitted to counties within a week.

The Notice must be made available to all recipients upon county implementation. The notice will explain that the child support disregard is no longer considered an exclusion from income and will now be considered income to the household. Additionally, the earned income of a child under 18 years, not 19 years, who is in elementary or secondary school at least half time, will be excluded as income. The CWD may publicize the simplification option changes through the news media; posters in certification offices, issuance locations, or other sites frequented by certified households; or mass change notices mailed to households per MPP 63-504.391(b).

### **FORMS**

Revised budget worksheets for Quarterly Reporting and Change Reporting households and for medical deductions (QR 285B, DFA 285B, DFA 285D respectively) will be accessible on-line at the CDSS web page noted below within a few days from the date of this letter. The forms were revised to delete references to the child support disregard as an income exclusion. The forms are also attached for reference (Attachment C).

### **CAMERA-READY COPIES AND TRANSLATIONS**

For a camera ready copy of the English language version, contact the CDSS Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS web page at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per MPP 21-115.2, including Spanish forms, they will be posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at:

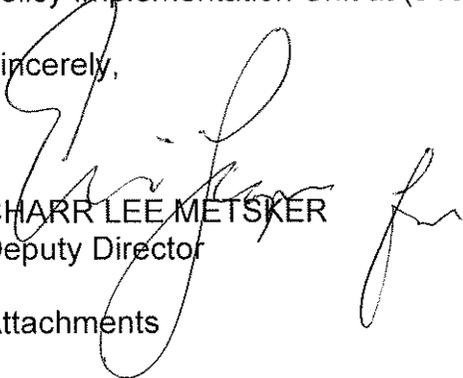
[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

Food Stamp Simplification Options Clarification  
Page Four

For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding this letter, please contact LeAnne Torres, Food Stamp Policy Implementation Unit at (916) 654-2135 or via e-mail at [LeAnne.Torres@dss.ca.gov](mailto:LeAnne.Torres@dss.ca.gov).

Sincerely,

  
CHARR LEE METSKER  
Deputy Director

Attachments

## **Attachment A**

### **Regulation Changes**

Amend Section 63-502.2, to read:

**DRAFT**

63-502 INCOME, EXCLUSIONS AND DEDUCTIONS (Continued)

63-502

.2 Income Exclusions (Continued)

- (i) The earned income (as defined in Section 63-502.13) of children who are members of the household, who are elementary or secondary school students at least half time, and who have not attained their ~~18th~~ 19th birthday. Income of a student who attains their 18th ~~19th~~ birthday during the certification period, shall be excluded until the month following the month in which the student turned ~~18~~ 19. If the student becomes ~~18~~ 19 during an application month, the income is excluded in the month of application and counted in the following month except as specified in Section 63-507(a)(4)(A). The exclusion shall continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share shall be excluded. Individuals are considered children for purposes of this provision if they are under the parental control, as defined in Section 63-102(p)(1), of another household member. (Continued)
  
- (q) All payments excluded or exempt from consideration as income in the Eligibility and Assistance Standards Manual at Section 44-111, with the exception of Sections ~~44-111.232, .23, and .43, and .47.~~

HANDBOOK BEGINS HERE

(1) Examples include, but are not limited to, the following:

- (A) Federal and state work study programs.
- ~~(B) Child/Spousal Support Disregard. The First \$50 per month of current child/spousal support paid to or on behalf of an assistance unit shall be disregarded when determining both eligibility and grant amount.~~
- ~~(C) (B) Job Training Partnership Act (JTPA). All payments to and earnings of a child which are derived from participation in JTPA programs. All payments to an adult which are derived from participation in JTPA programs.~~
- ~~(D) All earned income of a child under 19 years old is exempt if he/she is a full-time student, or he/she has a school schedule that is equal to at least one-half of a full-time curriculum, and he/she is not employed full-time.~~
- (E) (C) Independent Living Program (ILP). Income and incentive payments earned by a child 16 years of age or older who is participating in the ILP.

# DRAFT

- (F) (D) Relocation Assistance Benefit, paid by a public agency to a recipient who has been relocated as a result of a program of area redevelopment, urban renewal, freeway construction or any other public development, involving demolition or condemnation of existing housing.
- (G) (E) Payments received under the California Victims of Crimes Program.
- (H) (F) Allowance for training expenses paid to recipients participating in Department of Rehabilitation training programs.
- (I) (G) Any award or scholarship provided to or on behalf of a dependent child based on the child's academic or extracurricular activity.
- (J) (H) Contribution from persons or organizations that would not be available for expenditure unless used in accord with conditions imposed by the donor. For example, an uncle gives \$200 to the household to purchase new tires. \$200 is exempt when receipts for the intended purpose verify the expenditure.

HANDBOOK ENDS HERE

## **Attachment B**

### **Mass Change Notice**

## IMPORTANT NOTICE TO FOOD STAMP HOUSEHOLDS

**On or before November 1, 2007, the following types of money will now count as income when figuring food stamp benefits:**

- All child/spousal support, including the \$50 disregard.
- Earned income of a child 18 years or older. (Earned income of a child under 18 years and who is also an elementary or secondary student at least ½-time is not treated as income.)

If your food stamp household receives the types of income talked about here, benefits may decrease depending on other changes that may happen in you household.

You will get a separate notice if your food stamps change for other reasons.

For questions, call your county representative.

If you think we made a mistake in figuring your benefits because of this change, you may ask for a state hearing within 90 days of when you got this notice by writing to:

Or you may call toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349. When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing or you can have a friend, attorney, or other person speak for you. You may ask for free legal aid at a legal aid office in your area. If you get benefits and then get an adverse fair hearing decision, you may have to repay the benefits.

## **Attachment C**

### **Forms**

# 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 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 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 (A8 + B7) = \$ \_\_\_\_\_

3. Gross Income Eligible? (Is C2 less than or equal to C1?)  YES  NO Total \$ \_\_\_\_\_ (C3)

## PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME	DOCUMENTATION																											
1. Gross Earned Income (B7) \$ _____	<b>INCOME:</b> <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____																											
2. Adjusted Gross Earned Income (80% of D1) \$ _____																												
3. Total Gross Unearned Income (A8) \$ _____																												
4. Nonexempt Gross Income (D2 + D3) \$ _____																												
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>	<b>DIRECT CHILD/SPOUSAL SUPPORT:</b> Received \$ _____																											
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. \$ _____	<b>CHILD SUPPORT PAID OUT (not to exceed the monthly child support obligation)</b> Month 1 \$ _____ Month 2 \$ _____ Month 3 \$ _____ Total \$ _____ Total ÷ by number of months \$ _____ Amount used in A7: \$ _____ Remainder to be used in B6: \$ _____																											
3. Total Allowable Expenses (E1 + E2) \$ _____																												
4. Less Medical Expense Allowance (\$35) \$ _____																												
5. Excess Medical Expenses (E3 - E4) \$ _____																												
<b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER DEDUCTIONS</b>																												
1. Standard Deduction \$ _____	<b>EXPENSES \$ _____</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="width:20%;">QTR AVG</th> <th style="width:20%;">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"/> Medical Expense</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SUA</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LUA</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TUA</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Housing</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> PRORATED</td> <td></td> <td></td> </tr> </tbody> </table>		QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care			<input type="checkbox"/> Medical Expense			<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																									
<input type="checkbox"/> Dependent Care																												
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<input type="checkbox"/> Utilities																												
<input type="checkbox"/> SUA																												
<input type="checkbox"/> LUA																												
<input type="checkbox"/> TUA																												
<input type="checkbox"/> Housing																												
<input type="checkbox"/> PRORATED																												
2. Dependent Care Child(ren) Under Two \$ _____ Other Dependents & Child(ren) 2 and Over \$ _____ Total Dependent Care Deductions \$ _____																												
3. Homeless Shelter Deduction \$ _____																												
4. Excess Medical Expenses (E5) \$ _____																												
5. Total Deductions (F1 + F2 + F3 + F4) \$ _____																												
<b>G. ADJUSTED NET INCOME</b>																												
1. Nonexempt Gross Income (D4) \$ _____																												
2. Total Deductions (F5) \$ _____																												
3. Adjusted Net Income (D4 - F5) or (G1 - G2) \$ _____																												
<b>H. SHELTER DEDUCTION</b>																												
1. Total Housing Costs \$ _____																												
2. Total Utility Allowance \$ _____																												
3. Total Shelter costs \$ _____																												
4. Allowable Shelter costs (50% of G3) \$ _____																												
5. Excess Shelter costs (H3 - H4) \$ _____																												
6. Maximum Allowance For Shelter \$ _____																												
7. Allowable Shelter Deduction (Lesser of H5 or H6) \$ _____																												
<b>I. NET MONTHLY INCOME (G3 - H7) \$ _____</b>																												
<b>J. NET INCOME TEST</b>																												
1. Household Size _____																												
2. Maximum Net Income Allowable (from table) \$ _____																												
3. Net Income eligible _____																												

## 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

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					

**FOOD STAMP BUDGET WORKSHEET/CHANGE REPORTING HOUSEHOLD**

CASE NAME  CERTIFICATION PERIOD FROM _____ THROUGH _____	CASE NUMBER  ISSUANCE MONTH _____	COMPANION CASE REFERENCE  ISSUANCE MONTH _____	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS  DOCUMENTATION  Child/Spousal Support Received \$ _____
<b>PART 1 - GROSS INCOME ELIGIBILITY</b>			
<b>A. NONEXEMPT GROSS UNEARNED INCOME</b>			
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 any remainder in B5)	\$ _____	\$ _____	
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. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____	
6. Total Gross Earned Income (B4 - B5)	\$ _____	\$ _____	
<b>C. GROSS INCOME TEST</b>			
1. Household Size	_____	_____	
2. Maximum Gross Income Allowed (from Table)	\$ _____	\$ _____	
3. Total Gross Monthly Income (A8 + B6)	\$ _____	\$ _____	
4. Gross Income Eligible? (Is C3 less than or equal to C2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PART 2 - NET INCOME ELIGIBILITY</b>			
<b>D. NONEXEMPT GROSS UNEARNED INCOME (A8)</b>			
	\$ _____	\$ _____	
<b>E. NONEXEMPT GROSS EARNED INCOME</b>			
1. Gross Earned Income (B6)	\$ _____	\$ _____	
2. Adjusted Gross Earned Income (80% of E1)	\$ _____	\$ _____	
<b>F. TOTAL GROSS INCOME (D + E2)</b>			
	\$ _____	\$ _____	
<b>G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTIONS</b>			
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. Homeless Shelter Deduction	\$ _____	\$ _____	
4. Total Deductions (G1 + G2 + G3)	\$ _____	\$ _____	
5. Preliminary Adjusted Income (F - G4)	\$ _____	\$ _____	
<b>H. SHELTER DEDUCTION</b>			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Allowance	\$ _____	\$ _____	
3. Total Shelter Costs (H1 + H2)	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of G5)	\$ _____	\$ _____	
5. Excess Shelter Costs (H3 - H4)	\$ _____	\$ _____	
6. Maximum Allowance for Shelter	\$ _____	\$ _____	
7. Allowable Shelter Deduction (Lesser of H5 or H6)	\$ _____	\$ _____	
<b>I. NET MONTHLY INCOME (G5 - H7)</b>			
	\$ _____	\$ _____	
<b>J. NET INCOME TEST</b>			
1. Household Size	_____	_____	
2. Maximum Net Income Allowable from	\$ _____	\$ _____	
3. Net Income eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PART 3 - BENEFITS</b>			
	ALLOTMENT	SUPPLEMENT	ALLOTMENT
E.W. Initials/Date			

K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
	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 4—INCOME COMPUTATIONS	ISSUANCE MONTH	ISSUANCE MONTH
	L. 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 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	ISSUANCE MONTH	ISSUANCE MONTH
	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 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

<b>CASE NAME</b>	<b>CASE NUMBER</b>		<b>COMPANION CASE REFERENCE</b>		<b>CLASSIFICATION</b> <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
<b>CERTIFICATION PERIOD</b> FROM _____ THROUGH _____	<input type="checkbox"/> PROSPECTIVE		<input type="checkbox"/> PROSPECTIVE		<b>DOCUMENTATION</b>
<b>PART 1 – NET MONTHLY INCOME</b>	<b>ISSUANCE MONTH</b>	<b>ISSUANCE MONTH</b>			
<b>A. NONEXEMPT GROSS UNEARNED INCOME</b>					<b>Child/Spousal Support</b> 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>B. NONEXEMPT GROSS EARNED INCOME</b>					
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)	\$ _____	\$ _____			
<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 (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)	\$ _____	\$ _____			
<b>F. SHELTER DEDUCTION</b>					
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	\$ _____	\$ _____			
<b>G. NET MONTHLY INCOME (E6-F5)</b>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>			
<b>PART 2 – NET INCOME ELIGIBILITY</b>					
<b>H. NET INCOME TEST</b>					
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		First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PART 3 – BENEFITS</b>	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4-INCOME COMPUTATIONS	ISSUANCE MONTH	ISSUANCE MONTH
	J. 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 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					