

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



March 17, 1986

ALL-COUNTY LETTER NO. 86-22

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF FOOD STAMP PROGRAM CHANGES EFFECTIVE
MAY 1, 1986

REFERENCE: ACIN I-10-86, DATED FEBRUARY 6, 1986 AND ACIN I-24-86
DATED MARCH 11, 1986

This is to provide county welfare departments (CWDs) with advance information regarding mass change notice requirements, revised food stamp budget forms and eligibility worker forms instructions necessary for the May 1, 1986 implementation of the Food Stamp Program deduction and resource changes required by P.L. 99-198 (the "Farm Bill"). Specific details of the regulation changes are outlined in ACIN I-10-86, dated February 6, 1986, and ACIN I-24-86, dated March 11, 1986.

This letter also transmits the following:

- o A Sample Mass Change Notice - Attachment A.
- o An advance copy of the DFA 285-B (4/86) - Attachment B.
- o An outline of the changes from the prior Food Stamp Budget Worksheet, DFA 285-B (12/83) version - Attachment C.
- o A sample showing manual changes to the Food Stamp Budget Worksheet-Special Medical/Shelter Deductions, DFA 285-D (12/83) - Attachment D.
- o A copy of the Waiver Modification Request, TEMP-DFA 2 - Attachment E.

Implementation of Regulations

The Department of Social Services (SDSS) anticipates filing emergency regulations with the Office of Administrative Law (OAL) which will become effective May 1, 1986. This will require CWDs to incorporate the new changes when computing new and continuing households' budgets in April 1986 which will affect allotment changes for May 1986.

Mass Change Notice

Attachment A provides CWDs with a general notice in English, Spanish, Chinese and Vietnamese to inform recipients of the May 1, 1986 changes as specified in Section 63-504.391(b). Cambodian and Laotian notices will be available and mailed to all CWDs by the Language Services Unit. CWD's that choose to send a general notice should do so no later than concurrent with the May 1986 allotment or ATP mailing. CWDs that wish to alter this general notice must submit a request to SDSS no later than March 26, 1986. These requests should be directed to the AFDC/Food Stamp Compliance Unit, 744 P Street, Mail Station 16-31, Sacramento, CA 95814.

Forms

Changes to the forms and eligibility worker instructions for the DFA 285-B, Food Stamp Budget Worksheet, and DFA 285-D, Food Stamp Budget Worksheet, Special Medical/Shelter Deductions are limited to those necessary to implement the May 1, 1986 provisions of P.L. 99-198.

- o Changes to the DFA 285-B (4/86) from the prior (12/83) version are outlined in Attachment C.
- o Except as noted below in the section regarding "Stock", revision of the DFA 285-D is limited to amending A5 to "(80% of A4)".
- o Form specific modification criteria, Section 63-1251.3: change the revision date for both forms from (12/83) to (4/86). There are no other changes.
- o Changes to eligibility worker instructions are:
 - o Revise the form revision date for both forms from (12/83) to (4/86).
 - o DFA 285-B. Revise L7 to read: "If Line L6 is less than or equal to \$2,000, check "yes". If Line L6 is greater than \$2,000..."
 - o DFA 285-D. Revise J7: Delete first two lines of narrative. Begin J7 with "If Line J6 is less than or equal to \$3,000..."

NOTE: This is to notify you that additional modifications to the budget worksheets may occur as FNS finalizes federal regulations needed to implement P.L. 99-198 during the next few months. This should be taken into consideration when ordering quantities of the budget worksheets.

Stock

DFA 285-B. CWDs shall use the 12/83 version of the DFA 285-B to determine April allotments and the 4/86 version to determine May allotments. CWDs should destroy all existing stock of the DFA 285-B (12/83) after all April 1986 budget determinations have been completed. CWDs printing their own stock may use the attached copy of the DFA 285-B (4/86) as a master. Supplies of state printed stock will be available for shipping to the CWDs on April 1, 1986. Until stock of the DFA 285-B (4/86) is available, the CWDs that order state-printed stock and those that locally reproduce stock should photocopy the enclosed master.

DFA 285-D. Because the revision to this form is limited to a change of percentage calculation at A5, the DFA 285-D (4/86) does not obsolete the (12/83) version.

- o CWDs shall use the DFA 285-D (12/83) to determine April allotments. For determinations of May allotments CWDs are advised to use a manually revised form: i.e., change A5 to (80% of A4) and redate the form in the lower left corner from (12/83) to (4/86). However, as long as the correct amount is annotated in the Issuance Month(s) for A5, Adjusted Gross Earned Income, no error will be charged if the form is not modified to show "(80% of A4)" or "(4/86)".
- o All CWDs may continue using (12/83) stock until that stock is depleted.

Ordering

DFA 285-B. Orders for the DFA 285-B (4/86) should be submitted on the GEN 727B, County Forms Order, according to normal procedures. Please specify the (4/86) revision data on the GEN 727B.

- o Initial stock of the DFA 285-B will be in packages of 250 rather than in pads of 100. Order requests should be adjusted to a specific number of packages or the number of forms needed.

DFA 285-D. The SDSS Warehouse will start shipping orders when the current (12/83) stock is depleted.

Waiver Modification

Prior waiver modification approvals for the DFA 285-B (12/83) and DFA 285-D (12/83) will be rescinded with the May 1, 1986 implementation date. All counties using a county-developed form in place of the state versions of the DFA 285-B and DFA 285-D will need to resubmit the form for review following the incorporation of the changes outlined in Attachment C.

Informal approval for use of a modified DFA 285-B is granted for any CWD that meets all of the following criteria:

- o The State has previously approved the county-developed version currently used by the CWD.
- o No further modification(s) to the form has been made since the state approved the modification.
- o The county form is modified exactly as outlined in Attachment C.

Any county that meets all these criteria should submit their revised county-developed form for review and formal approval no later than May 5, 1986. The cover letter may be limited to the request for approval with the statement that the county's form(s) meets the Informal Approval criteria in this All County Letter.

Those CWDs not meeting one or more of the above criteria for Informal Approval or that propose a modification to the form must submit their modification request no later than March 31, 1986. In order to expedite the turnaround time on these modification reviews, the county should submit their request via the Waiver Modification Request, Attachment E, which outlines the proposed changes according to the Form Modification Policy in Handbook Sections 63-1250 and 63-1251.3. Please include for review and approval only those items that have not been previously approved or do not meet the criteria for informal approval outlined above.

NOTE: Case Data counties should submit one group request. However, any Case Data county with individual variations must submit those for separate review and approval.

All waiver modification requests for the DFA 285-B (4/86) and/or DFA 285-D (4/86) should be directed to the AFDC/FS Compliance Unit, Department of Social Services, 744 P Street, M.S. 16-31, Sacramento, CA 95814.

Any questions regarding the regulations should be directed to Jolaine Beers, Food Stamp Policy Bureau, at (916) 445-9537. Questions regarding forms and the Mass Change Notice should be directed to Elizabeth Allred, AFDC/Food Stamp Compliance Unit, at (916) 323-4954.

Sincerely,


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

IMPORTANT NOTICE ABOUT YOUR FOOD STAMP BENEFITS

This notice is to tell you that beginning May 1986, your food stamp benefits may increase due to changes in federal law. Federal law has increased the amount you are allowed to deduct from your income as well as increased the amount of resources you may keep.

These increases are explained below:

1. WORK EXPENSE DEDUCTION: This means if you have earned income, 20% of your gross earnings will not be counted in figuring your food stamp benefits. Before this change, 18% of your gross earnings were not counted.
2. EXCESS SHELTER DEDUCTION: The amount you may deduct from your income for housing and utility costs has been increased from \$139 to \$147. But, if your household has an elderly or disabled member, you will continue to receive unlimited excess housing and utility costs. The Dependent Care and Excess Shelter Deduction are now separate deductions and are no longer combined as one deduction.
3. DEPENDENT CARE DEDUCTION: This means that the amount you may deduct from your income for the care of a child or other dependent has gone up to \$160 per month. But, if your household has an elderly or disabled member, you may deduct up to \$147 per month for the care of a child or other dependent.
4. RESOURCES LIMITS: The resource limit for households without an elderly member is now \$2000. This limit used to be \$1500. Also, the resource limit for households with an elderly member is \$3000 even if the household is only one person.

These changes are based upon state regulation sections 63-409.12, 63-502.32, 63-502.35 and 63-1101.2, .3, .5 and .6.

If you believe we made a mistake in your May 1986 benefit level, you may request a state hearing. Your request may be written or verbal. It should state that you want a hearing and why you are dissatisfied. Your request for a hearing must be made within 90 days of the date of the receipt of your May 1986 benefits. If you wish to request a state hearing, write to:

or call toll-free: 1-800/952-5253
FOR DEAF ONLY: TDD-800/952-8349

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. Free legal help may be available at a legal aid society in your area.

ATTACHMENT A

AVISO IMPORTANTE ACERCA DE SUS BENEFICIOS DE ESTAMPILLAS PARA COMIDA

Este aviso es para informarle que comenzando en mayo de 1986, es posible que sus beneficios de estampillas para comida sean aumentados como resultado de cambios en la ley federal. La ley federal ha aumentado la cantidad que se le permite a usted deducir de sus ingresos, así como también ha aumentado la cantidad de recursos que usted puede conservar.

En seguida se explican estos aumentos:

1. DEDUCCIÓN POR GASTOS DE TRABAJO: Esto significa que si usted tiene ingresos ganados, no se contará el 20% de sus ingresos ganados brutos al calcular sus beneficios de estampillas para comida. Antes de hacer este cambio, no se contaba el 18% de sus ingresos ganados brutos.
2. DEDUCCIÓN POR GASTOS EXCESIVOS DE VIVIENDA: La cantidad que usted puede deducir de sus ingresos para vivienda y costo de servicios públicos y municipales ha sido aumentada de \$139 a \$147, pero si hay en su hogar un miembro de edad avanzada o incapacitado, usted continuara recibiendo la deducción ilimitada por gastos excesivos de vivienda y servicios públicos y municipales. Ahora se separan las deducciones por cuidado de dependientes y por gastos excesivos de vivienda, por lo tanto ya no se combinan en una deducción.
3. DEDUCCIÓN POR CUIDADO DE DEPENDIENTES: Esto significa que la cantidad que usted puede deducir de sus ingresos por concepto de cuidado de algún niño u otro dependiente ha sido aumentada a \$160 dólares por mes, pero si su hogar tiene un miembro de edad avanzada o incapacitado, usted puede deducir hasta \$147 dólares por mes por concepto del cuidado de un niño u otro dependiente.
4. LÍMITE DE RECURSOS: El límite de recursos para hogares sin un miembro de edad avanzada es ahora de \$2,000 dólares. Anteriormente, este límite era de \$1,500 dólares. Además, el límite de recursos para hogares con un miembro de edad avanzada es de \$3,000 dólares, aun si el hogar consta de una sola persona.

Estos cambios se fundan en las secciones 63-409.12, 63-502.32, 63-502.35 y 63-1101.2,.4 y .5 de los reglamentos estatales.

Si usted cree que cometimos un error con respecto a su nivel de beneficios para mayo de 1986, puede pedir una audiencia con el estado. Su petición puede ser por escrito u oralmente. Debe indicar que quiere una audiencia y porqué está insatisfecho. Su solicitud para una audiencia debe presentarse dentro de los 90 días siguientes después de la fecha en que recibió sus beneficios para mayo de 1986. Si desea pedir una audiencia, escriba a:

o llame al número gratuito: 1-800-952-5253
PARA LOS SORDOS SOLAMENTE: TDD-800/952-8349

Usted puede representarse a sí mismo en la audiencia. También puede ser representado por un amigo, abogado o cualquier otra persona, pero se espera que usted mismo haga los arreglos de representante. Es posible que haya asesoría legal gratuita en la oficina de asesoría legal gratuita en su localidad.

THÔNG BÁO QUAN TRỌNG VỀ TRỢ CẤP PHIẾU THỰC PHẨM CỦA ÔNG/BÀ

Thông báo này nhằm cho ông/bà biết rằng kể từ tháng 5 năm 1986, Trợ Cấp Phiếu Thực Phẩm của ông/bà có thể được tăng lên vì luật lệ liên bang thay đổi. Các luật lệ liên bang đã tăng số tiền ông/bà được khấu trừ từ lợi tức của mình cũng như đã tăng khoản lợi tức ông/bà có thể giữ.

Các thay đổi này được giải thích như sau:

1. **KHAU TRỪ PHÍ TỒN LIÊN QUAN ĐẾN VIỆC LÃM:** Điều này có nghĩa là nếu ông/bà có lương thì 20% lợi tức (trước khi trừ thuế) sẽ được miễn tính khi chiết tính Trợ Cấp Phiếu Thực Phẩm của ông/bà thay vì 18% như trước đây.
2. **KHAU TRỪ PHÍ TỒN NHÀ CỦA PHỤ TRỢ:** Khoản tiền mà ông/bà có thể khấu trừ từ lợi tức của mình cho các phí tổn nhà của và điện nước ... đã tăng từ 139 đôla lên đến 147 đôla. Tuy nhiên, nếu trong gia đình có người già cả hoặc tàn tật, ông/bà sẽ tiếp tục được nhận các phí tổn nhà của và điện nước phụ trợ không giới hạn. Việc khấu trừ phí tổn chăm sóc người trong gia đình và việc khấu trừ phí tổn nhà của phụ trợ sẽ được tính riêng chứ không tính chung như trước nữa.
3. **KHAU TRỪ PHÍ TỒN CHĂM SÓC NGƯỜI TRONG GIA ĐÌNH:** Điều này có nghĩa là khoản tiền mà ông/bà có thể khấu trừ từ lợi tức của mình để chăm sóc cho con em hoặc những người khác trong gia đình đã tăng lên đến 160 đôla mỗi tháng. Tuy nhiên, nếu trong gia đình có người già cả hoặc tàn tật, ông/bà có thể khấu trừ đến 147 đôla mỗi tháng để chăm sóc cho con em hoặc những người khác trong gia đình.
4. **GIỚI HẠN MỨC TÀI SẢN:** Giới hạn mức tài sản của gia đình không có người già cả bây giờ là 2000 đôla thay vì 1500 đôla như trước đây. Giới hạn mức tài sản của gia đình có người già cả là 3000 đôla cho dù gia đình chỉ có một người.

Các thay đổi này được áp dụng chiếu theo các luật lệ tiêu bang, điều 63-409.12, 63-502.32, 63-502.35 và 63-1101.2, .4 và .5.

Nếu tin rằng chúng tôi đã chiết tính sai trợ cấp tháng 5 năm 1986 của ông/bà, ông/bà có thể yêu cầu một buổi điều giải. Ông/Bà có thể viết thư hoặc gọi điện thoại để yêu cầu những phải cho biết rằng ông/bà muốn một buổi điều giải và lý do mình không đồng ý. Ông/Bà phải yêu cầu buổi điều giải trong vòng 90 ngày kể từ ngày nhận được trợ cấp tháng 5 năm 1986 của mình. Nếu muốn yêu cầu buổi điều giải, xin ông/bà viết thư đến:

hoặc gọi điện thoại miễn phí số: 1-800-952-5253

ĐIỆN THOẠI DÀNH RIÊNG CHO NGƯỜI ĐIỀU GIẢI SỐ: TDD-800-952-8349

Ông/Bà có thể tự mình ra buổi điều giải. Ông/Bà cũng có thể nhờ bạn bè, luật sư, hay bất cứ người nào khác đại diện cho mình. Việc xếp đặt người đại diện hoàn toàn tùy thuộc vào ông/bà. Ông/Bà có thể được giúp đỡ miễn phí về luật pháp tại văn phòng cô văn pháp luật (legal aid society) địa phương.

有關你糧食券福利的重要通知

這份通知是要告訴你，由於聯邦法有所修改，所以自 1986 年五月起，你的糧食券福利會增加。聯邦法提高你從收入中可以減免的金額，同時也提高你能保留的收入金額。

這些提高金額的方式解釋如下：

1. 工作花費減免額：這是表示假如你有工作所得的收入，在計算你糧食券福利時，你收入總額的 20% 不會算作你的收入。在這次修改以前，你收入總額的 18% 不算。
2. 超額住屋減免額：從你收入中可以減免的住屋與水電費金額由 \$139 元增加到 \$147 元，可是假如你家中有老年人或是殘廢的人的話，你會繼續得到沒有限額的超額房屋與水電等雜費減免額。眷屬照顧費與超額住屋減免額現在是不同的減免項目，而不是合併在一起作為一項減免。
3. 眷屬照顧減免額：這是表示從你收入中可以減免的子女照顧或是其他眷屬照顧費金額增加到每月 \$160 元，但是假如你家中有老年人或是殘廢的人的話，你的子女照顧或是其他眷屬照顧費每月可減免到 \$147 元。
4. 資產限額：沒有老年人的家庭中的資產限額現在是 \$2,000。此項限額以前是 \$1,500。此外，即使家中只有一人的話，有老年人的家庭資產限額是 \$3,000。

這些修改是根據州政府條例第 63-409.12, 63-502.32, 63-502.35 與 63-1101.2, .4 與 .5 條辦理。

假如你認為我們計算你 1986 年五月份福利金額有錯誤的話，你可以請求一項州政府聽証。你可以用書面或是口頭上請求。應該說明你需要一項聽証，並且說明你為什麼不滿意。你的聽証必須在收到你 1986 年五月份福利之後的 90 天內請求。假如你希望請求州聽証的話，寫信到：

或是打對方付費的電話號碼：1-800/952-5253

聾者專用電話，

TDD-800/952-8349

在州政府聽証的時候，你可以自己代表自己出席。你也可以由一位朋友、律師或是任何其他的人代表出席，可是你應該自己安排代表出席事宜。在你住家附近可能有法律諮詢單位提供免費的法律諮詢服務。

ATTACHMENT B

FOOD STAMP BUDGET WORKSHEET

CASE NAME		CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED
CERTIFICATION PERIOD FROM	THROUGH	ISSUANCE MONTH	ISSUANCE MONTH	
PART 1 - GROSS INCOME ELIGIBILITY				DOCUMENTATION
A. NONEXEMPT GROSS EARNED INCOME				
1. Gross Salary, Wages		\$ _____	\$ _____	
2. Self-Employment		_____	_____	
3. Training Allowance		_____	_____	
4. Total Gross Earned Income (A1 + A2 + A3)		\$ _____	\$ _____	
B. NONEXEMPT GROSS UNEARNED INCOME				
1. Cash Aid		\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions		_____	_____	
3. Child/Spousal Support		_____	_____	
4. Scholarships, Grants, Loans		_____	_____	
5. Other		_____	_____	
6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)		\$ _____	\$ _____	
C. GROSS INCOME TEST				
1. Household Size		_____	_____	
2. Maximum Gross Income Allowed (from Table)		\$ _____	\$ _____	
3. Total Gross Monthly Income (A4 + 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	
PART 2 - NET INCOME ELIGIBILITY		<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective	
D. INCOME (For Prospective Budgets Only)				
1. Adjusted Gross Earned Income (80% of A4)		\$ _____	\$ _____	
2. Total Nonexempt Gross Income (B6 + D1)		\$ _____	\$ _____	
E. NONEXEMPT GROSS EARNED INCOME (For Retrospective Budgets Only)				
1. Gross Salary, Wages		\$ _____	\$ _____	
2. Self-Employment		_____	_____	
3. Training Allowance		_____	_____	
4. Total Gross Earned Income (E1 + E2 + E3)		\$ _____	\$ _____	
5. Adjusted Gross Earned Income (80% of E4)		\$ _____	\$ _____	
F. NONEXEMPT GROSS UNEARNED INCOME (For Retrospective Budgets Only)				
1. Cash Aid		\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions		_____	_____	
3. Child/Spousal Support		_____	_____	
4. Scholarships, Grants, Loans		_____	_____	
5. Other		_____	_____	
6. Total Gross Unearned Income (F1 + F2 + F3 + F4 + F5)		\$ _____	\$ _____	
7. Total Nonexempt Gross Income (E5 + F6)		\$ _____	\$ _____	
G. STANDARD/DEPENDENT CARE DEDUCTION				
1. Standard Deduction		\$ _____	\$ _____	
2. Dependent Care (Lesser of Actual or Maximum)		_____	_____	
3. Total Deductions (G1 + G2)		\$ _____	\$ _____	
4. Preliminary Adjusted Income (D2 - G3 or F7 - G3)		\$ _____	\$ _____	
H. SHELTER DEDUCTION				
1. Total Housing Costs		\$ _____	\$ _____	
2. Total Utility Costs (Actual or SUA)		_____	_____	
3. Total Shelter Costs		\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of G4)		\$ _____	\$ _____	
5. Excess Shelter Costs (H3 - H4)		\$ _____	\$ _____	
6. Maximum Allowance for Shelter		\$ _____	\$ _____	
7. Allowable Shelter Deduction (Lesser of H5 or H6)		\$ _____	\$ _____	
I. NET MONTHLY INCOME (G4 - H7)		\$ _____	\$ _____	
J. NET INCOME TEST				
1. Household Size		_____	_____	
2. Maximum Net Income Allowed (from Table)		\$ _____	\$ _____	
3. Net Income Eligible? (Is I less than or equal to J2?)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PART 3 - BENEFITS		ALLOTMENT	SUPPLEMENT	
E.W. Initials/Date				

WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION
PART 4 — RESOURCES

K. MOTOR VEHICLES		Vehicle (1)	Vehicle (2)	DOCUMENTATION		
1. Vehicle Owner				6. For licensed vehicles count the greater of the excess or equity value. For unlicensed vehicles count the equity value.		
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 or transport handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Values	(1)	(2)
				FMV		
4. Under \$4500 per table?	<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 \$4500		
5. Exempt -				Excess Value		
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	FMV		
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	Minus Encumbrance		
				Equity Value		

If exempt and under \$4500 STOP here; do not go to 6.

L. RESOURCE ELIGIBILITY (Nonexempt Resources Only)

	Issuance Month	Issuance Month
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (L1 + L2a + L2b + L2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (L4a + L4b + L4c)	\$ _____	\$ _____
6. Current Resources (L3 - L5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5 — INCOME COMPUTATIONS
M. SELF-EMPLOYMENT

	Issuance Month	Issuance Month
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses	_____	_____
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)	\$ _____	\$ _____

N. 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 (N1 - N2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (N3 ÷ number of months income covers)	\$ _____	\$ _____

PART 6 — REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					

ATTACHMENT C

The DFA 285-B (4/86) Food Stamp Budget Worksheet contains the following changes to Part 2 - NET INCOME ELIGIBILITY

D1 Revised to: (80%) of A4)

E5 Revised to: (80% of E4)

G4 Revised to: Preliminary Adjusted Income (D2-G3 or F7-G3)

H Deleted: (If G2 is at Maximum, skip H1-H8 and enter 0 in H9)

H6 Deleted: /Dependent Care

H7 Deleted: 7. Dependent/Care Deduction (from G2)

H8 Deleted: 8. Maximum Shelter Deduction (H6-H7)

H9 Revised: 7. (Lesser of H5 or H6)

NOTE: I. NET MONTHLY INCOME (G4-H7) is now aligned with boxed totals in Issuance Month Columns.

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	
CERTIFICATION PERIOD FROM _____ THROUGH _____		<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective		<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective			
PART 1 — NET MONTHLY INCOME		Issuance Month _____		Issuance Month _____		DOCUMENTATION	
A. NONEXEMPT GROSS EARNED INCOME							
1. Gross Salary, Wages		\$ _____		\$ _____			
2. Self-Employment		_____		_____			
3. Training Allowance		_____		_____			
4. Total Gross Earned Income (A1 + A2 + A3)		\$ _____		\$ _____			
5. Adjusted Gross Earned Income (82% of A4)		\$ _____		\$ _____			
B. NONEXEMPT GROSS UNEARNED INCOME							
1. Cash Aid		\$ _____		\$ _____			
2. Social Security, UIB, DIB, Pensions		_____		_____			
3. Child/Spousal Support		_____		_____			
4. Scholarships, Grants, Loans		_____		_____			
5. Other		_____		_____			
6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)		\$ _____		\$ _____			
C. TOTAL NONEXEMPT GROSS INCOME (A5 + B6)		\$ _____		\$ _____			
D. EXCESS MEDICAL EXPENSES							
1. Recurring Expenses		\$ _____		\$ _____			
2. One-Month-Only Expenses		_____		_____			
3. Averaged Expenses		_____		_____			
4. Total Allowable Expenses (D1 + D2 + D3)		\$ _____		\$ _____			
5. Medical Expense Allowance (\$35)		\$ _____		\$ _____			
6. Excess Medical Expenses (D4 - D5)		\$ _____		\$ _____			
E. STANDARD/DEPENDENT CARE/MEDICAL DEDUCTIONS							
1. Standard Deduction		\$ _____		\$ _____			
2. Dependent Care (Lesser of Actual or Maximum)		_____		_____			
3. Excess Medical Expenses (From D6)		_____		_____			
4. Total Deductions (E1 + E2 + E3)		\$ _____		\$ _____			
5. Total Adjusted Income (C - E4)		\$ _____		\$ _____			
F. SHELTER DEDUCTION							
1. Total Housing Costs		\$ _____		\$ _____			
2. Total Utility Costs (Actual or SUA)		_____		_____			
3. Total Shelter Costs		\$ _____		\$ _____			
4. Allowable Shelter Costs (50% of E5)		\$ _____		\$ _____			
5. Excess Shelter Costs (F3 - F4)		\$ _____		\$ _____			
G. NET MONTHLY INCOME (E5 - F5)		\$ _____		\$ _____			
PART 2 — NET INCOME ELIGIBILITY							
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 _____						First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACHMENT E

WAIVER MODIFICATION REQUEST

SEND ONE COPY TO:

DEPARTMENT OF SOCIAL SERVICES
AFDC/FOOD STAMPS COMPLIANCE UNIT
744 P STREET, M.S. 16-31
SACRAMENTO, CA 95814

STATE FORM NAME AND NUMBER:
COUNTY FORM NAME AND NUMBER:
NAME OF CONTACT PERSON:
TELEPHONE NUMBER:
COUNTY:

JUSTIFICATION: *(See Handbook Section 63-1250.3A)*

PLACEMENT: *(See Handbook Sections 63-1250.3B and 63-1251.3)*

State Version

Proposed Revision

EXPLANATION FOR PROPOSED REVISION

LANGUAGE: *(See Handbook Sections 63-1250.3B and 63-1251.3)*

State Version

Proposed Revision

EXPLANATION FOR PROPOSED REVISION

DATA ELEMENTS: *(See Handbook Sections 63-1250.3B and 63-1251.3)*

EXPLANATION OF PROPOSED REVISION
