

NOTICE OF FORM CHANGE NO. 04-018

DATE

01/22/2004

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 **DFA 285D (12/03)**
Food Stamp Budget Worksheet - Special Medical/Shelter Deductions

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 12/03	REPLACES 5/99	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 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. 03-66 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, 2 sided.

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

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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 <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM _____ THROUGH _____	<input type="checkbox"/> PROSPECTIVE <input type="checkbox"/> RETROSPECTIVE	<input type="checkbox"/> PROSPECTIVE <input type="checkbox"/> RETROSPECTIVE	DOCUMENTATION
PART 1 – NET MONTHLY INCOME			
	ISSUANCE MONTH	ISSUANCE MONTH	
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 (80% 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. 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)	\$ _____	\$ _____	
E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS			
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)	\$ _____	\$ _____	
F. CHILD SUPPORT DEDUCTION			
1. Total Legally Obligated Child Support paid out by household	\$ _____	\$ _____	
2. Total Adjusted Income (E6 - F1)	\$ _____	\$ _____	
G. SHELTER DEDUCTION			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Costs (Actual or SUA)	\$ _____	\$ _____	
3. Total Shelter costs	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of F2)	\$ _____	\$ _____	
5. Excess Shelter Costs G3-G4	\$ _____	\$ _____	
H. NET MONTHLY INCOME (F2-G5)	\$ 	\$ 	
PART 2 – NET INCOME ELIGIBILITY			
I. 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	
First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART 3 – BENEFITS			
	ALLOTMENT	SUPPLEMENT	ALLOTMENT SUPPLEMENT
E.W. Initials/Date			

J. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
	1. Previous Month's Resources 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (J1 + J2a + J2b + J2c) 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (J4a + J4b + J4c) 6. Current Resources (J3 – J5) 7. Resource Eligible?	\$ _____ _____ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4—INCOME COMPUTATIONS

K. SELF-EMPLOYMENT (Nonexempt Resources Only)	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 If averaging self-employment income go to K7. If adjusting a previous average, continue to K4. 4. Adjustment to Gross Income 5. Adjustment to Expenses 6. Adjusted Self-Employment Income (K3 + K4 + K5) 7. Monthly Self-Employment Income (K3 or K6 ÷ number of months income covers)	\$ _____ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

L. 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 (L1 – L2) 4. Monthly Income from Grants, Scholarships or Loans (L3 ÷ 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					