

NOTICE OF FORM CHANGE NO. 04-035

DATE

02/09/2004

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 285B (12/03)**
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 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. 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

CASE NAME CERTIFICATION PERIOD FROM _____ THROUGH _____	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
DOCUMENTATION			
PART 1 - GROSS INCOME ELIGIBILITY			
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. Nonexempt Gross Unearned 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/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. Homeless Shelter Deduction	\$ _____	\$ _____	
4. Total Deductions (G1 + G2 + G3)	\$ _____	\$ _____	
5. Preliminary Adjusted Income (D2 - G4 or F7 - G4)	\$ _____	\$ _____	
H. CHILD SUPPORT DEDUCTION			
1. Total Legally Obligated Child Support paid out by household	\$ _____	\$ _____	
2. Adjusted Income (G5 - H1)	\$ _____	\$ _____	
I. SHELTER DEDUCTION			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Costs (Actual or SUA)	\$ _____	\$ _____	
3. Total Shelter Costs	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of H2)	\$ _____	\$ _____	
5. Excess Shelter Costs (I3 - I4)	\$ _____	\$ _____	
6. Maximum Allowance for Shelter	\$ _____	\$ _____	
7. Allowable Shelter Deduction (Less of I5 or I6)	\$ _____	\$ _____	
J. NET MONTHLY INCOME (H2 - I7)	\$ _____	\$ _____	
K. NET INCOME TEST			
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	
PART 3 - BENEFITS			
ALLOTMENT		SUPPLEMENT	
_____		_____	
E.W. Initials/Date			

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 4—INCOME COMPUTATIONS

M. 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 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 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					