

NOTICE OF FORM CHANGE NO. 04-039

DATE

02/20/2004

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 **QR 285B (2/04)**
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 2/04 | REPLACES 12/03 | <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 | 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

| | CASH AID | 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. Total Gross Unearned Income (B1 + B2 + B3) | | | | | | Total \$ _____ (B4) |
| 5. QR Averaged Gross Unearned Income (B4 ÷ number of months) | | | | | | Total \$ _____ (B5) |

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

C. GROSS INCOME TEST

- Maximum Gross Income allowed for Household Size of _____ (from table) \$ _____
- Total Gross Income (A4 + B4) or (A5 + B5) = \$ _____ YES NO
- Gross Income Eligible? (Is C2 less than or equal to C1?) YES NO **Total \$ _____ (C3)**

PART 3 - NET INCOME

| | DOCUMENTATION |
|--|--|
| D. NONEXEMPT GROSS INCOME | |
| 1. Gross Earned Income (A4 or A5) | \$ _____ |
| 2. Adjusted Gross Earned Income (80% of D1) | \$ _____ |
| 3. Total Gross Unearned Income (B4 or B5) | \$ _____ |
| 4. Nonexempt Gross Income (D2 + D3) | \$ _____ |
| E. EXCESS MEDICAL EXPENSES (Special Medical) | |
| 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 (E1 + E2) | \$ _____ |
| 4. Less Medical Expense Allowance (\$35) | \$ _____ |
| 5. Excess Medical Expenses (E3 - E4) | \$ _____ |
| F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS | |
| 1. Standard Deduction | \$ _____ |
| 2. Dependent Care | \$ _____ |
| Child(ren) Under Two | \$ _____ |
| Other Dependents & Child(ren) 2 and Over | \$ _____ |
| Total Dependent Care Deductions | \$ _____ |
| 3. Homeless Shelter Deduction | \$ _____ |
| 4. Child Support Deduction | \$ _____ |
| Total Legally Obligated Child Support Paid Out by Household | \$ _____ |
| 5. Excess Medical Expenses (E5) | \$ _____ |
| 6. Total Deductions (F1 + F2 + F3 + F4 + F5) | \$ _____ |
| G. ADJUSTED NET INCOME | |
| 1. Nonexempt Gross Income (D4) | \$ _____ |
| 2. Total Deductions (F6) | \$ _____ |
| 3. Adjusted Net Income (D4 - F6) or (G1 - G2) | \$ _____ |
| H. SHELTER DEDUCTION | |
| 1. Total Housing Costs | \$ _____ |
| 2. Total Utility costs (Actual or SUA) | \$ _____ |
| 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) | \$ _____ |
| I. NET MONTHLY INCOME (G3 - H7) | \$ _____ |
| J. NET INCOME TEST | |
| 1. Household Size | _____ |
| 2. Maximum Net Income Allowable (from table) | \$ _____ |
| 3. Net Income eligible | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Weekly \$ _____ x 4.33 = \$ _____ (Stable income)

Biweekly \$ _____ x 2.167 = \$ _____ (Stable income)

| | QTR AVG | MID QTR AVG |
|--|---------|-------------|
| <input type="checkbox"/> Dependent Care | | |
| <input type="checkbox"/> Child Support | | |
| <input type="checkbox"/> Medical Expense | | |

Utilities

Actual (Averaged over cert. period)

SUA

Housing

| | | | |
|--------------------------|-----------|------------|--------------------|
| PART 4 - BENEFITS | ALLOTMENT | SUPPLEMENT | E.W. Initials/Date |
|--------------------------|-----------|------------|--------------------|

| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PART 5—INCOME COMPUTATIONS | PAYMENT QUARTER | PAYMENT QUARTER |
|--|------------------------|------------------------|
| L. 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 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 | | | | | |