

NOTICE OF FORM CHANGE NO. 06-114

DATE

08/21/2006

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 (7/06)**
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 7/06	REPLACES 12/03	<input type="checkbox"/> Obsolete

REQUIRED FORM- No Change Permitted 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. 06-31
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

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

When stock is depleted at the CDSS Warehouse, form will be Master only.

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

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@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"/> PROSPECTIVE	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. SHELTER DEDUCTION			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Allowance	\$ _____	\$ _____	
3. Total Shelter costs	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of F2)	\$ _____	\$ _____	
5. Excess Shelter Costs F3-F4	\$ _____	\$ _____	
G. NET MONTHLY INCOME (E6–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	First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 3 – BENEFITS	ALLOTMENT	SUPPLEMENT	ALLOTMENT
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

PART 4—INCOME COMPUTATIONS

J. 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 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					